December, 1953

Medical Economics

THE TEXAS DOCTOR

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Medical Economics

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A Night With an Emergency-Call Service 97

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These are the questions we're most often asked about office lighting, together with answers that point the way toward more restful, more efficient illumination

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FIRST THOUGHT IN
HYPERTENSION

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LOS ANGELES

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Comes But Once a Year 146

Christmasi Peace on earth, goodwill toward men. Well, plenty of goodwill for the doctor, but not so much peace. Cartoonist Al Kaufman illustrates this seasonal problem

MORE



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Moyer et al.: A.M.A. Arch. Int. Med. 94:497 (Sept.) 1954.

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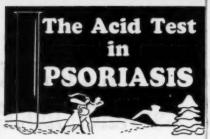
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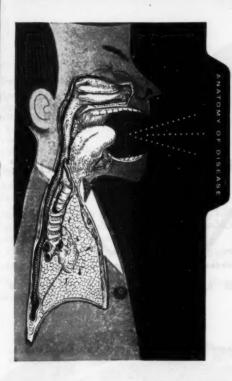
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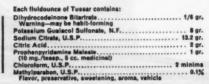
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| | (containing Intrinsic Factor) 300 mg. |
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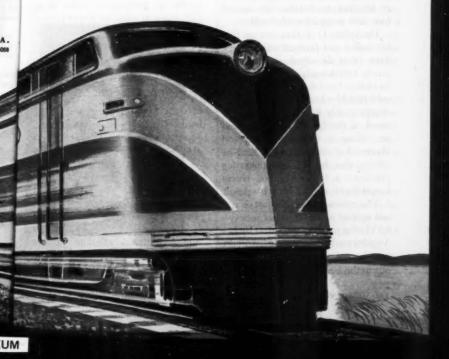
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ECONOMICAL —The cost of combined therapy with 'Trinsicon' is less than half what it was in 1950.



News The tax advantages of buying a new car every year • How the public views medical costs • What price abortion? • Medical schools called starved for students • Malpractice lawyer lashed by judge • When to double-park

Doctor Sues Society For \$2.5 Million

Your membership in a medical society may be more valuable than you think—if you measure its value as a Sunland, Calif., physician apparently does. Because the Los Angeles County Medical Association has barred him, he's suing it for \$2.5 million.

Dr. Sylvan O. Tatkin charges that his wallet and professional prestige have been damaged at least that much. Individually and collectively, he claims, local doctors have tried to cold-shoulder him out of business for charging only \$3 an office visit (instead of the "prevailing" \$5), and for failing to take week-ends and Wednesday afternoons off. And he alleges that he has lost operating privileges in the nearest convenient hospital as a result of the blackball.

The suit—one of the largest on record against a local medical society—isn't being publicly discussed by Los Angeles medical leaders. They maintain they "don't want the case fought out in the headlines."

Says one spokesman: "Membership in our society, and in the A.M.A., is a privilege, not a right. This doctor's right to practice in California is in no way affected by our decision. If a college student is blackballed from a fraternity, it doesn't mean



DR. SYLVAN O. TATKIN

He doesn't take week-ends off

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Says another spokesman: "Like any large medical society, we find legitimate reasons-moral turpitude, unethical practices, etc.-for rejecting a number of applicants each month. If this doctor makes his suit stick on the simple ground that we barred him from membership for unexplained reasons, we'll be up to our necks in million-dollar suits.

The eleven doctors named as codefendants in the suit (all of them practicing physicians in the Sunland area) are meanwhile feeling some side effects. "We're having to fight the battle of public opinion," says one. "Our local weeklies make it look as if we're persecuting an all-out hero. Even if he loses in court, he's still succeeded in making himself the best-known doctor in the area."

One-Doctor-Staff V.A. Hospital Stays Open

Is the Veterans Administration to blame for wasting your hard-earned tax dollars? Not always. Sometimes, it seems, outside forces compel it to do so. Case in point:

The V.A. hospital in Minot, N.D., is being kept open despite a V.A. decision to close it because of its low patient load. Alleged reason: pressure from the U.S. Senate-which, of course, includes North Dakotans William Langer and Milton R. Young, both Republicans. [MORE ▶

Snapshots

SOCIAL SECURITY surprise has come from traditionally conservative Westchester County, N.Y. A medical society poll there indicates that three out of ten doctors favor compulsory coverage, another five want voluntary inclusion, and only two prefer the status quo.

WRITER'S CRAMP: By 1980, pharmaceutical authorities predict, the average doctor will be writing seventy-five prescriptions a week, as opposed to forty now.

SKULL AND BONES flag was recently hauled down from atop Montreal General Hospital. Who tied it to the peak of a 225-foot tower there? "Probably a medical student," says the hospital's administrator, not amused.

TV DOCTORS on "Medic" have their future all staked out. The program has a new five-year contract, plus a promise of continued technical assistance from the Los Angeles County Medical Association.

INDUSTRIAL DOCTORS will soon achieve board certification under the American Board of Preventive Medicine-a climax to their long struggle for such recognition.

The 182-bed hospital now carries on with a daily patient load of forty, in comparison with its 1954 average of seventy-one, says the V.A.'s Chief Medical Director William S. Middleton. Its staff, he adds, includes one full-time physician—and twelve full-time nurses.

Explains Dr. Middleton: "Our present plans provide that we will continue to operate the Minot hospital until a decision can be made by the Congress as to its further use . . ."

Bargain Tax Ride

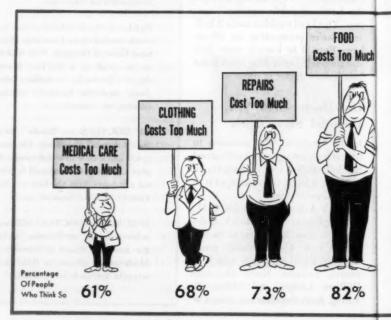
If you don't buy a new car for professional use every year, maybe you're losing out on a first-rate tax deal. The rapid depreciation clause makes new au \$450-i net \$16

Report

Support Car (use end of

How the Public Views Medical Costsligh by

• The high cost of medical care bothers many people today—but not so mucpairs are evidently, as the high cost of other necessities. A recent poll conducted by thore, people National Opinion Research Center reveals that prices for food, clothing, and care of



16 MEDICAL ECONOMICS · DECEMBER 1955

makes it possible for you to get a new auto annually for as little as \$450-if, that is, you're single and net \$16,000 a year, or married and net \$32,000.

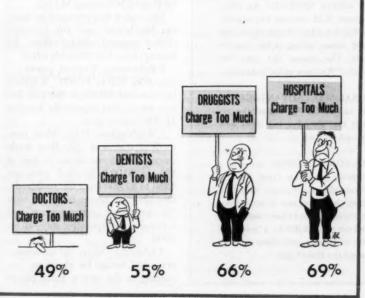
How come? The J. K. Lasser Tax Report explains it this way:

Suppose you pay \$3,600 for a new car (useful life: four years). At the end of a year, you're allowed to deduct \$1,800 for depreciation—if, of course, you use the auto for professional purposes only. Your tax saving on the deduction will be 50 per cent (\$900).

Then you can probably sell the car for \$2,400. So you'll have to declare a capital gain of \$600 (the sale price minus the undepreciated balance). Since your tax on such a gain is \$150,

tsligh but Relatively Reasonable

uepairs are more irksome to the average American than his health bills. What's thore, people seem to think doctors' fees are less responsible for the rise in medagal care costs than are dental, pharmaceutical, and hospital charges.



Snapshots

NOT MUCH INFLUENCE is what A.M.A. President Elmer Hess says he had when he "tried to get twenty-three boys into medical school" last year. Only four made it. Undismayed, Dr. Hess commends the schools for selecting students "without fear or favor."

COMFORT IN YOUR CAR: Air conditioning will probably be installed in more than 300,000 1956 cars—twice the total in 1955 models. Average price per unit: \$500.

NO SHOTS NEEDED? An Albuquerque, N.M., woman has requested that the school board excuse her child from taking polio vaccine shots. The reason she gave the board: "We have polio insurance."

RURAL M.D.'s ADVANTAGE: No city taxes. The Tax Foundation reports that sixty-five big cities now levy sales taxes.

DOCTORS' WIDOWS are still a tempting target for "con" men. A 77-year-old Iowa woman, whose deceased husband was a prosperous physician, claims to have been swindled out of \$100,000 by a "minister" with whom she and others recently toured the Holy Land.

your net proceeds from the sale come to \$2,250.

Add to this sum the \$900 you've saved in taxes via the depreciation deduction, and you have \$3,150. So, observes the Lasser report, your new \$3,600 professional car will actually set you back only \$450.

What Price Abortion? It Depends on Locale

How much are people paying for illegal abortions these days? A Crowell-Collier survey shows fees varying widely from city to city. In New York, for instance, they're the "highest in the country" (\$50 to \$300 among "the nonmedical fraternity"; \$400 to \$2,500 among M.D.s).

The report was prepared by Morton Sontheimer and the Crowell-Collier regional editoral offices. Its findings for a few other big cities:

¶ Baltimore: "Current prices... vary from \$20 to \$1,000." A mecca for many abortionists, the city has one set-up that reportedly handles 16,000 cases a year.

¶ Washington, D.C.: Most nonmedical operators "ply their trade among the poorer classes for fees of \$25 to \$100." Medical men get \$250 to \$1,000 from the well-to-do. One abortion center is said to offer "an automobile pickup service" and a two-day postoperative stay—all for \$500.

¶ Chicago: "Many out-of-towners come to Chicago for abortions," according to the survey. Some pay as little as portedly

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little as \$10; but doctors' prices reportedly range from \$150 to \$400.

¶ Detroit: The number of abortions here is "estimated to be at least 100 a week," in spite of a recent police crackdown. M.D.s' fees allegedly range from \$200 to \$500.

¶ Los Angeles: "Four or five large operators control much of the business;" and they share a total income of about \$250,000 a year. Most doctors allegedly charge between \$350 and \$800, depending on the length of pregnancy. Mexican midwives will do crude jobs for as little as \$25.

¶ Portland, Ore.: Though no longer "the abortion capital of the Pacific Coast," the city still gets a steady stream of business. Its illegal operators-some of whom are on the job again despite having been prosecuted during a mass clean-up four years ago-"usually ask \$500."

Schools Called Starved For Medical Students

Applications to medical schools have fallen off so badly that the schools are now fighting for good students "much as colleges compete for outstanding football players." Indeed, reports Dr. John A. Prior, assistant dean of Ohio State's College of Medicine, "some students are being promised positions in medical schools fifteen to eighteen months before their graduation" from college.

Why the waning interest in a medical career?

For one thing, suggests Dr. Prior,



Why do they shun medicine?

young men apparently dread "the long and strenuous years of medical training ... and the excessive requirements of military service." For another thing, they may be influenced by "adverse publicity given the profession by advocates of government control.

Whatever the reasons, he notes in a recent issue of Ohio State's Health Center Journal, there are now fewer than two applicants for each medical school opening (as against nearly four back in 1948). And, he adds, there are "fewer and fewer applicants each year."

Unless the trend is somehow reversed, "the quality of the medical student will inevitably deteriorate," warns the dean. His conclusion:

"The time has come for the medical profession and educators generally to try to reverse [it] by encouraging the most promising young men and women" to study medicine.

Malpractice Lawyer Berated by Judge

The lawyer who files a malpractice suit against a doctor should believe in his case. That's the lesson a stern California judge recently taught one attorney who apparently needed it. Here's the story:

An 81-year-old woman whose injured hand had failed to mend properly charged that her doctors should have called in an orthopedic specialist. Her lawyer first sought an \$8,500 doctor out-of-court settlement, then ex-evidence pressed a willingness to settle for fore the lesser amounts.

When he was turned down, he the Uni tried to withdraw from the case tors sett though it had already been scheduled for trial. The judge thereupon for a no threw the case out of court. Some based o excerpts from his sizzling rebuke to blame t the attorney:

"The filing of a complaint by a praise I lawyer is an indication of his conviction . . . that the facts warrant the bringing of an action...[In this case] the sole matter upon which the ... action is ... predicated was the failure to call in an orthopedic specialist . . . The mere fact that the

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B Pyribenzamine E MEDICAL ECONOMICS · DECEMBER 1955

500 doctor did not call someone is no ex-evidence of malpractice. Long befor fore they ever heard of orthopedic surgery in the State of California or he the United States, there were docase tors setting fractures...

"I am about to grant the motion for a nonsuit because this action is based on airy nothingness. I do not blame the lady so much as I blame you. You had an opportunity to appraise her case; you filed a complaint; there wasn't a thing in connection with this matter that warranted the bringing of the action, except a desire . . . to subject people to lawsuits . . .

"I have never seen a more dismal he failure to have the semblance of a cause of action...Do you expect a lady 81 years of age is going to recuperate in the same manner [as] a football player from Stanford or California who gets a broken nose...? If she was dissatisfied with either of her doctors, there were plenty of orthopedists available to her..."

Smarter Parking Urged

Doctors who keep getting tickets for illegal parking might have less trouble if they avoided "No Parking" areas and learned to double-park instead, when necessary. The reason: Double-parking on a side street is likely to create less traffic congestion than parking in a bus stop, say, or a

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taxi stand. That, at least, is the latest suggestion from the Parking Review Committee of New York County's medical society.

The committee, which was set up early in 1955 to help judges determine whether or not individual doctors deserve leniency for illegal parking, has already screened some 1,000 cases. In nearly 70 per cent of them, it reports, it has recommended a suspended sentence.

But it has refused to do so in most cases where physicians have been guilty of parking in bus stops or hack stands. The report adds: "Blocking a fire hydrant endangers the safety of the community . . . The committee has not recommended a suspended sentence for a fire-hydrant violation in months, despite excuses of being 'pushed,' etc."

Are M.D.s More Popular Than They Suspect?

Public misunderstanding of doctors may be less widespread than you think.

Some reassurance on this point comes from a recent Los Angeles poll. Sponsored by Los Angeles County doctors, the poll was conducted by means of door-to-door interviews with nearly 400 local adults (including representatives of labor, business, education, politics, and religious groups, as well as a cross-sec-

[MORE ON 258]

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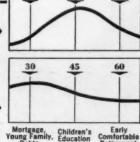
Is there a more practical way for Doctors to own enough Life Insurance?

Most Doctors' income patterns look like

With a practice to establish, and often college debts to pay off, a Doctor's income is all too low at the start. It rises rapidly (yet, so do his taxes) and unlike most other professions it falls off relatively early.

Most Doctors' needs for protection look

The Doctor's unique problem is readily apparent. When he needs financial protection the most he can afford it least.



Mortgage, Young Family, Education Debts

THERE IS A WAY-Taking into account both the Doctor's problems and his potential-Mutual Benefit has created a special plan for Doctors alone that gives him protection he otherwise could not afford.



UM

recognizes Doctors' special problems . . .

The MD plan gives full permanent protection right from the start.

The MD plan individually arranges the payment to fit the doctor's income pattern, so that costs are kept well within his means.

The MD plan creates a larger estate and constantly growing cash values. The MD plan avoids the risk a Doctor runs if

he waits for income to rise—the risk of too little protection, of becoming uninsurable.

The MD plan makes available-to Doctors who qualify—our famous Disability Income Con-tract, termed by experts the best disability protection on the market for doctors.

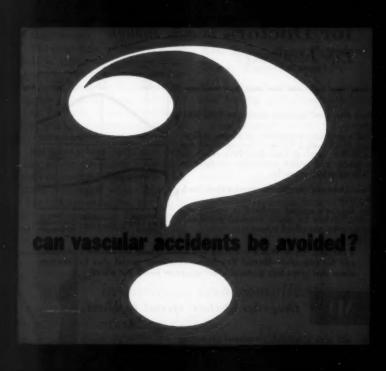
For full information on how an MD plan can solve your protection problems once and for all, simply call your Mutual Benefit Life man or have your nurse drop us a request on your stationery.

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CV Phelps diminish abnormal capillary permeability and fragility in hypertension, diabetes, atherosclerosis and other cardiovascular conditions

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C.V.P. acts to maintain the integrity of the intercellular cement substance of capillary walls and so aids in increasing capillary resistance overcoming abnormal capillary permeability and fragility, checking capillary hemorrhage... and thus may help protect against vascular accidents in patients with capillary fault.

The capillary protectant qualities of C. V.P. are widely applicable to help prevent and treat increased capillary permeability and capillary hemorrhage associated with diabetes, retinopathies, purpura, threatened and habitual abortion, epistaxis, radiation injury, etc. C. V.P. is safe... exceptionally well tolerated

provides natural water-soluble bioflavonoid compound sometimes referred to as "vitamin P complex") derived from citrus sources, combined with ascorbic acid. It is believed to be more readily absorbed than relatively insoluble rutin.

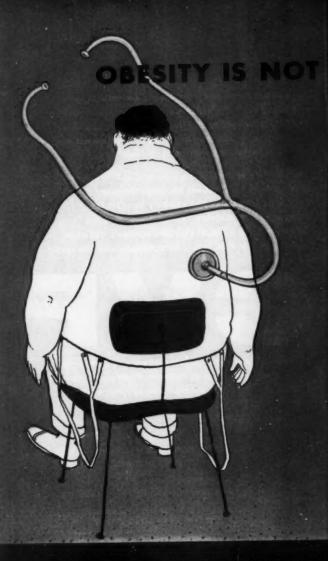
Each C.V. P. capsule or tenspoonful (5 cc.) of syrup provides:

Citrus Flavonoid Compound . 100 nig. Ascorbic Acid Vitamin C . . . 100 mg.

Bottles of 50, 100, 500 and 1000 cansules:

samples capsules or syrup and literature from

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MERELY SKIN-DEEP

"obesity...may predispose its victims to heart disease, diabetes, liver disease, and other complications."

A progressive organic deterioration occurs in overweight persons, which is of far greater medical significance than the more obvious outward changes in appearance.

SYNDROX

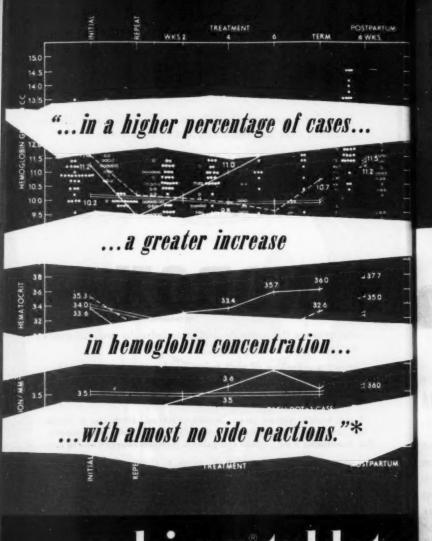
METHAMPHETAMINE HYDROCHLORIDE, McNEIL

- -suppresses the appetite and thus helps to prevent overeating in the obese patient.
- —imparts a feeling of well-being in the obese patient who otherwise overeats to satisfy frustrated "cravings."

5 mg. tablets (scored, green), bottles of 100 and 1000; also available in a pleasant-tasting elixir (colored amber); each 5 cc. (one teaspoonful) containing 5 mg.—pints and gallons. Samples supplied on request.

 Armstrong, D. B., Dublin, L. I., Wheatley, G. M. and Marks, H. H.: Obesity and its Relation to Health and Disease, J.A.M.A. 147:1007 (Nov. 10) 1951.

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MOLYBDENIZED FERROUS SULFATE
Mol-Iron Liquid Mol-Iron Drops

Forman, J. B.: Anemia of Pregnancy, Connecticut M. J. 14, 930 (Oct.) 1950 Extensive bibliography on request.

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Better Patient Cooperation

Because of
Simpler, More Effective
Combination Therapy
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Greater efficacy from smaller dosage

Side actions fewer and of lessened intensity

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Rauwiloid° + Veriloid°

A Riker Single-tablet Preparation

Indicated in moderately severe hypertension. Each tablet contains 1 mg. Rauwiloid and 3 mg. Veriloid.

Initial dosage, one tablet t.i.d., p.c. In bottles of 100 tablets.

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Indicated in rapidly progressing, otherwise intractable hypertension. Each tablet contains 1 mg. Rauwiloid and 250 mg. hexamethonium chloride dihydrate.

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a standard by which to judge

There is little that isn't known about broad-spectrum Aureomycin. Doctors have observed its action against a wide variety of infections involving many types of cases. They have recorded their findings with more than 8,000 papers in the literature. Seven years of use in every medical field confirms these conclusions.

Dosage forms for every medical requirement



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NOW AVAILABLE:

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For Patients with Prolonged Illness

AUREOMYCIN SF combines effective antibiotic action with vitamin supplementation to shorten convalescence and hasten recovery. One capsule, q.i.d., supplies one gram of AUREOMYCIN and B complex, C and K vitamins in the Stress Formula suggested by the National Research Council. AUREOMYCIN SF Capsules are dry-filled and sealed, contain no oils or paste.



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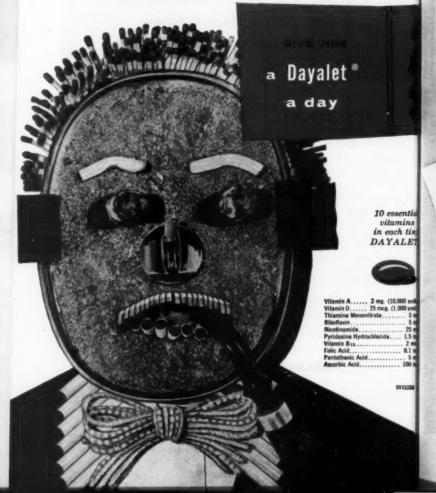
Doctor, may we have your support for arnation



Mr. Puffer is a Vitamin Duffer

What's behind that smoke screen? Fan it away and you'll find Mr. Puffer, putting the damper on his appetite with another big, black stogie—his umpteenth for the day. When you find that your

"Mr. Puffers" are vitamin deficient because of smoking and dining indiscretions, be sure their corrective dietaries include the multivitamin support of potent DAYALETS.



the Fleet Enema

Disposable Unit

for routine and special purpose enemas

Simplifies
pre-proctoscopy
preparation

- Superior in cleansing effect to a tap water, or saline enema of one or two pints . . . and less irritating than a scap-suds enema.
- Rapid with the FLEET ENEMA Disposable Unit, the entire procedure can be completed in ¼ the time required with older more cumbersome methods.
- Prompt and thorough evacuation . . . a time-saving factor, particularly in preparation for examination.
- Comfart to patient assured . . . virtually no distention or side effects.

And in addition: "Squeeze bottle" permit one hand administration . . . distinctive rubber disphragm control flow while preventing leakage . . rectal tube enclosed in scaled cellophane envelope, sanitary to time of use . . readily disposable.

Each 4½ Fi. Oz. First Enome Disposable Unit contains in each 100 cc., 16 Gm. sedium biphosphote and 6 Gm. sedium phosphote . . . an enome solution of Phospho-Seda (Fleet) . . . gentle, prompt, thorough.



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Beech-Nut agricultural expert inspects squash grown under contract for Beech-Nut Strained and Junior Foods.

Beech-Nut Control starts in the field to safeguard Baby's Food

Baby Foods are more than a business . . . they are a cause to which Beech-Nut is dedicated.

The Beech-Nut system of quality control starts in the fields and orchards with inspections made by our agricultural experts during growing and at harvest.



Beech-Nut has pioneered in protecting babies against toxic residues from insecticides. It has spent hundreds of thousands of dollars in research and food testing to safeguard babies.

In the Beech-Nut plant our staff of food chemists assures Baby the fine flavors and abundant nutrients he needs for happy mealtimes and healthy growth.

We give you our pledge that no pains are spared to make Beech-Nut Foods the very best that can be offered to the babies under your care.

You are cordially invited to visit the Beech-Nut Baby Food Plant at Canajoharie, N. Y.

In iron deficiency anemias "the iron medication of choice is ferrous sulfate".1

And the ferrous sulfate preparation of choice with leading hematologists and in hospitals is—'Feosol'. For, unlike ordinary ferrous sulfate preparations, 'Feosol' Tablets provide ferrous sulfate in a special coating and vehicle that ensure prompt disintegration in the acid medium of the stomach and upper duodenum, where iron is best absorbed.

Each 'Feosol' Tablet contains 3 grains exsiccated ferrous sulfate, the most effective form of oral iron—equivalent to approximately 5 grains (0.3 Gm.) crystalline ferrous sulfate. Just three or four 'Feosol' Tablets daily should produce a hemoglobin rise which often averages 1% per day—and a satisfactory reticulocyte response in one week.



Feosol Tablets

 Alt, H.L.: Anemia (Chronic Iron Deficiency), in Conn, H.F.: Current Therapy 1952, W. B. Saunders Co., p. 200.

Smith, Kline & French Laboratories, Philadelphia 1

*T.M. Reg. U.S. Pat. Off.



the soothing, protective, healing '-' influence of

DESITIN

is persistent

because it adheres longer to the skin areas being treated . . . does not liquefy or crumble at body temperature, nor is it decomposed by secretions, perspiration, exudate, urine, or excrement.

Non-sensitizing, non-irritant Desitin Ointment...rich in cod liver oil ... has proven clinically dependable for over a quarter century in... diaper rash • eczemas

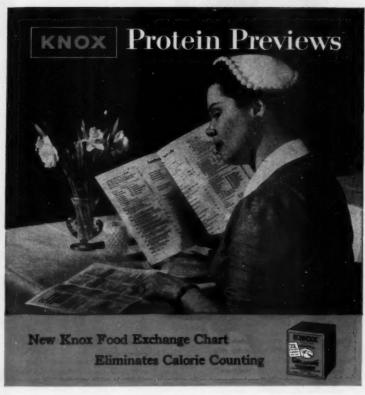
Tubes of 1 oz., 2 oz., 4 oz., and 1 lb. jars. intertrigo • wounds (especially slow healing)
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Grayzel, H. G., Heimer, C. B., and Grayzel, R. W.: New York St. J. M. 53:2233, 1953. Heimer, C. B., Grayzel, H. G., and Kramer, B.: Archives of Pediatrics 68:382, 1951. Behrman, H. T., Combes, F. C., Bobroff, A., and Leviticus, R.: Ind. Med. & Surg. 18:512, 1949. Turell, R.: New York St. J. M. 50:2282, 1950.

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This year Knox introduced a new dieting plan based on the use of nutritionally tested Food Exchanges. The heart of this new dietary is a "choice-of-foods diet list" which presents diets of 1200, 1600 and 1800 calories.

Each of these diets may be easily modified to meet special needs. However, the important points for your patients are that the use of this chart eliminates calorie counting, and permits the patient a wide range of food choices.

These advantages should make

your management of difficult and average cases easier.

 Developed by the U. S. Public Health Service assisted by committees of The American Diabetes Association, Inc. and The American Dietetic Association.

Chas. B. Knox Gelatine Company, Inc. Professional Service Dept. ME-12 Johnstown, N. Y.

Please send me_____ copies of the new, color-coded "choice-of-foods diet list" chart.

YOUR NAME AND ADDRESS

MEDICAL ECONOMICS - DECEMBER 1955 39

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"Good Response" in

in psoriasis 79%

of cases fronted with Entoxyme alone

After using digestive enzyme replacement with ENTOZYME "Robins" as the only therapy in a series of 24 poeriasis patients "recaforment to all previous treatment," ingels" reports that "good response occurred in 19 cases [79%] within four weeks to three months... complete clearing in four cases."

Entozyme provides pancreatic enzymes to help restore normal metabolism, so commonly disordered in the pocriatic ... and thus represents an effective systemic approach to successful therapy.

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Euch Entrayme
'rablet-within-o-tablet' contains:
--in its gastric-soluble outer
coating . Popsin, N.F. 250 mg.
--in its enteric-coated
cere . \$ Pancreolin, U.S.P. 300 mg.
{ Bile soits 150 mg.

*Ingels, A. H.: California Medicine 25:437, 1983.

ENTOZYM B. Robins

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In cases of strain or pain in the sacro-iliac region

CAMP SACRO-ILIAC SUPPORTS

Firm fabric plus the "block and tackle" lacing system of Camp Sacro-iliac Supports provides maximum compression and immobility in the sacro-iliac region. The wide range of style and sizes permits accurate prescriptions for patient needs. Because Camp Sacro-iliac Supports are carried in stock by Authorized Camp dealers there is no waiting for "special" manufacture . . . treatment can begin immediately. Their lower cost and quality encourage patient use during the entire treatment period.

S. H. CAMP and CO., Jackson, Mich. World's Largest Manufacturer of Anatomical Supports OFFICES: 200 Madison Ave., New York; Merchandise Mart, Chicago

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300 mg.

150 mg

Still the first

in treatment

or prevention

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RISULFAZINE

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triple sulfonomide therapy

TABLETS TRISULFAZINE: 0.166 Cm. (2% gr.) each of sulfadiazine, sulfamerazine, and sulfamethazine. For older children and adults.

SUPPLIED: In bottles of 100, 500 and 1000.

Also available: PALATABS TRISULFAZINE (half strength) for infants and younger children.

SUSPENSION TRISULFAZINE WITH SODIUM LACTATE: 1 Cm. (15 gr.) of each sulfonamide with 3 Cm. (45 gr.) sodium lactate per fl.oz.

SUPPLIED: In bottles of 2 ounces, 1 pint, and 1 gallon.



PRODUCTS BORN OF CONTINUOUS RESEARCH

THE CENTRAL PHARMACAL COMPANY

SEYMOUR, INDIANA

4 ways in which Hexachlorophene in



DIALSOAP

protects you and your patients

O Photomicros show how Dial reduces Skin Bacteria



With ordinary soap, the most thorough washing leaves thousands of bacteria on the skin.



With Dial, with Hexachlorophene, daily use removes up to 95% of skin bacteria.

1. Reduces chance of infection following abrasions, scratches, for Dial effectively reduces skin bacteria count.

2. Stops perspiratory odor by preventing bacterial decomposition of perspiration, known as the chief cause of odor.

3. Protects infants' skin, helps prevent impetigo, diaper and heat rash, raw buttocks; stops nursery odor of diapers.

4. Helps skin disorders by destroying bacteria that often spread and aggravate pimples, surface blemishes.

You are no doubt familiar with the remarkable antiseptic qualities of Hexachlorophene soaps, as documented in recent literature. Dial was the first Hexachlorophene soap offered to the public.

You can safely recommend Dial. Under normal conditions it is non-toxic, non-irritating, non-sensitizing. Economically priced, Dial is widely available to patients everywhere.

Name.

Free to doctors!

As the leading producer of such soaps, we offer you a "Summary of Literature on Hexachlorophene Soaps in the Surgical Scrub." Send for your free copy today.

> From the laboratories of Armour and Company

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NOW COMBINED . . .

Two distinguished oral penicillins for greater penicillin action

In one tablet, BICILLIN-VEE offers the combined actions of BICILLIN and penicillin V—both noted for their antibacterial reliability by the oral route.

PENICILLIN V:

- For maximal resistance to gastric acid
- For optimal absorption as active penicillin
- For high and rapidly induced blood levels

BICILLIN:

- For sustained resistance to gastrointestinal inactivation
- For prolonged concentration through delayed absorption

Absorption studies show that these combined actions in BICILLIN-VEE have provided notably high and sustained serum concentrations.

For these new achievements in oral antibiotic therapy, prescribe BICILLIN-VEE.

1. Welch, H.: Personal communication

Supplied: Tablets BICILLIN-VEE, 100 mg. (100,000 units) of benzathine penicillin G and 62.5 mg. (100,000 units) of penicillin V, bottles of 36.





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BICILLIN°: VEE

Benzuthine Penicillin G and Penicillin V. Crystalline (Dibenzylothylenediamine Dipenicillin G and Phenazymethyl Penicillin)

Letters

Is fee splitting a problem? •

Comments on 'A Letter to Your Widow' • In defense of surgery's record • Telephone-answering devices • Psychiatrists' critics •

Free workshops in hospitals • What optometrists really want

Social Security

Sins: Because individual doctors haven't raised their voices in favor of Social Security, the last Congress again excluded them from coverage. To make sure that this doesn't keep on happening, we should write our Congressmen asking for inclusion, at least on a voluntary basis.

It has been said that Social Security for doctors would be a socialistic wedge into medicine. That is illogical and untrue. Social Security has nothing to do with the practice of medicine...

Even insurance executives are glad to have such coverage. They know that it's an excellent supplement to pensions and income from investments...

Private investments can go sour, but Social Security is as good as our government, which is the best in the world.

> Harry J. Gray, M.D. Hartford, Conn.

SIRS: The A.M.A. says it has no objection to voluntary coverage of phy-

sicians under Social Security. But most of the voluntary enrollments would come from those who stood to receive a large return for their contribution: that is, older people, men with large families, and so on. It's actuarially unsound to let the poorest risks in while the best risks stay out...

Physicians need compulsory Social Security coverage, and they should have it . . .

> Joseph Dalven, M.D. Brooklyn, N.Y.

Blue Shield's Future

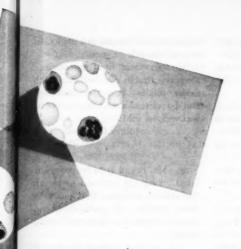
SIRS: James E. Bryan, author of "Blue Shield Faces Its Hour of Decision," says that Blue Shield must continue to charge the same rate for the whole community. I don't agree.

The commercial plans have long since proved that the only feasible method of retaining "blue-chip" business is to recognize experience and type of risk, and to charge accordingly. I'm convinced that Blue Shield will eventually have to adopt the same principle of insurance if it in-



I filmtab

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anemias

Just 2 small Iberol Filmtabs contain:

the right amount
of iron
+
anti-pernicious
anemia activity
+
essential
nutritional
factors

 Folic Acid
 2 mg.

 Ascorbic Acid
 150 mg.

 Liver Fraction 2, N.F.
 200 mg.

 Thiamine Mononitrate
 6 mg.

 Riboflavin
 6 mg.

 Nicotinamide
 30 mg.

 Pyridoxine Hydrochloride
 3 mg.

 Pantothenic Acid
 6 mg.

is Iron-Plus

Abbott

LETTERS

tends to keep an adequate cross section on its membership rolls . . .

Russell H. Kaufman, M.D. Portland, Ore.

Sins: Blue Shield needs fee schedules that reflect the average fees in each community. Doctors should accept such fees as full payment, except in unusual cases.

> W. H. Howard, M.D. Hammond, Ind.

Sins: As a former vice president of California's Blue Shield plan, I suggest that many of the troubles of voluntary health insurance have been caused by an attempt to give full coverage for insignificant things, while serious illnesses are neglected or paid for only in part.

It's sometimes hard to convince the buyer that he'd be better off with major medical expense coverage. But I feel that such insurance can, and will, be sold.

John M. Rumsey, M.D. San Diego, Calif.

Sins: Mr. Bryan is to be congratulated on having outlined so clearly the critical situation that exists for Blue Shield...I particularly applaud his plea for "balanced enrollment."

Only as long as the plans are able to have the benefits that accrue from accounts with large corporations will

Select the level of protection the baby needs

DECA-VI-SOL



Nutritionally Significant Vitam INCLUDING VITAMINS BIT AND BI

Deca-Vi-Sol is highly stable . . . refrigeration not required . . . potency assured . . . readily accepted . . . exceptionally pleasant flavor . . . no unpleasant aftertaste . . . full dosage assured . . . can be dropped directly into the baby's mouth.

For older children specify Mulcin, the good-tasting, orange-flavored vitamin liquid for teaspoon dosage.

All are supplied in 15 cc., 30 cc. and economical 50 cc. bottles with the new Mead calibrated unbreakable plastic 'Safti-Dropper.' It will not break even if the baby bites it.

XUM

they be able to provide coverage for small businesses and individuals at a premium rate that such individuals can afford. Small business groups still depend largely on Blue Shield, although a few commercial companies have recently begun to insure groups as small as ten.

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William H. Horton, M.D. Connecticut Medical Service, Inc. New Haven, Conn.

SIRS: ... We physicians should be proud of the progress of Blue Shield. It is slow, steady, and sure. Here we have a nonprofit organization that constantly grows in stature.

So let's be careful not to force the plans into hasty, ill-planned panaceas. Instead, let's continue to urge scientifically planned expansion based on experience.

John R. Wolff, M.D. Chicago, Ill.

Sins: Complacency and conservatism—the normal effects of aging in the Blue Shield plans—can easily be avoided. Here in Oregon, we find that a keen, articulate C.I.O. executive on the board is a powerful antidote for complacency.

Morris K. Crothers, M.D. Salem, Ore.

Fee Splitting

SIRS: Most of the current talk about fee splitting is indulged in, I suspect,

Each 0.6 cc.

Supplies:

OF POLY-VI-SOL

SESSENTIAL VITAMINS

TRI-VI-SOL

Basic Vitamins

SYMBOL OF SERVICE TO THE PHYSICIAN

MEAD JOHNSON & COMPANY · EVANSVILLE, INDIANA, U. S. A.

by those who wear halos that need frequent polishing if they are not to tarnish.

Never in all my years of practice have I encountered an actual instance of fee splitting. I did not even know it was a problem until all this publicity came up.

Ben L. Lerner, M.D. Houston, Tex.

Specialization-Plus

Sins: I ask in all sincerity: Why do the specialty boards decree that candidates must limit themselves to a single branch of medicine?

We teach the public to believe that only a specialist is capable of doing anything. Then we complain because, as newly fledged specialists, we go hungry.

As we increase in wisdom in one channel of medical knowledge, let's not forget what we knew about other fields, as students and internes.

Nathaniel H. Wooding, M.D. Halifax, Va.

Sew and Sew

SIRS: From time to time it's been suggested that nurses, rather than surgeons, sew the skin and subcutaneous layers after an operation. And there's sound reasoning behind this suggestion:

Since most women learned to stitch in childhood, they're likely to be better at it than the surgeon who didn't start sewing until he was grown up. If the nurses took over the task, the surgeon would save time and energy, and the patient would get a more artistic result.

If common sense were the only criterion, so simple and practical an idea would have been adopted long ago. But it hasn't been put into practice because in most hospitals the interne eagerly awaits the proud day when the surgeon will walk off and say, "All right, Doctor, close up."

The interne no longer fights for the privilege of giving an enema or even a hypodermic: He considers them a notch beneath him. How about developing the same attitude toward stitching?

Henry A. Davidson, M.D. Cedar Grove, N.J.

Cartoon Defended

Sirs: You recently published a letter criticizing a Ton Smits cartoon. Remember? It showed a doctor making a sketch of a patient who was disrobing in the next room.

My reaction is: Physicians are human, and this would be a dreary world if we lacked humor. More power to Ton Smits!

Honi soit qui mal y pense.

Hans Schroeder, M.D. San Francisco, Calif.

When Doctors Die

Sirs: In your article, "A Letter to Your Widow," the doctor writes: "I've left in our strongbox at home a small life insurance policy that will pay you immediately . . . All my other policies are in the safe-deposit To

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Hydrospray NASAL SUSPENSION

INVEROCORTONE® WITH PROPADRINE® AND NEOMYCIN

Anti-inflammatory— Decongestant—Antibacterial

MAJOR ADVANTAGES: New synergistic anti-inflammatory, decongestant and antibacterial formula. High steroid content assures effective response.



Topically applied hydrocortisone¹ in therapeutic concentrations has been shown to afford a significant degree of subjective and objective improvement in a high percentage of patients suffering from various types of rhinitis. Hydrospray provides Hydrocortone in a concentration of 0.1% plus a safe but potent decongestant, Propadal and a wide-spectrum antibiotic, Neomycin, with low sensitization potential. This combination provides a three-fold attack on the physiologic and pathologic manifestations of nasal allergies which results in a degree of relief that is often greater and achieved faster than when any one of these agents is employed alone.

Topically applied hydrocortisone in therapeutic concentrations has been shown to vasomotor rhinitis, perennial rhinitis and afford a significant degree of subjective polyposis.

SUPPLIED: In squeezable plastic spray bottles containing 15 cc. Hydrospray, each cc. supplying 1 mg. of Hydrocorrons, 15 mg. of Propadrine Hydrochloride and 5 mg. of Neomycin Sulfate (equivalent to 3.5 mg. of neomycin Sulfate (equivalent to



Philadelphia 1, Pa.
DIVISION OF MERCK & CO., INC.

REFERENCE: 1. Silcox, L. E., A.M.A. Arch. Otolaryng. 60:431, Oct. 1954.

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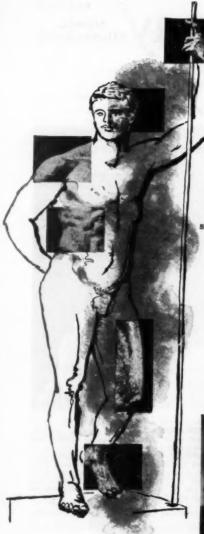
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Applications in ophthalmology, orthopedics, and conditions requiring deep heat therapy when pulmonary tuberculosis is present are but three subjects of current professional papers on Raytheon Microtherm therapy.

> Of course, Raytheon Microtherm is the most widely applied diathermy in use today for treatment related to general practice.

> > See improved Raytheon Microtherm Model CMD-10 at your dealer's now.





RAYTHEON MANUFACTURING COMPANY Microwave and Power Tube Operations, Waltham 61, Mass.

box at the bank. I've put a list of them in the strongbox."

Since many states require safe-deposit boxes to be sealed on the death of the renter, the doctor might better have done just the opposite: keep the policies at home or in the office, and the list in the safe-deposit box. This enables immediate action on life insurance settlements.

Nelson Young Professional Management Detroit, Mich.

Sirs: A footnote in "A Letter to Your Widow" says: "No suit against a physician may be started or continued after his death."

Yet not long ago, a suit was start-

ed against the estate of an Iowa physician who had died two or three months before, and it's to be tried shortly.

Are Iowa laws different? Can you please give me some information on this subject?

> John E. Evans, M.D. Winterset, Iowa

The majority of states forbid suits against deceased physicians. Iowa is apparently one of the exceptions that our footnote should have taken into account.-Ep.

Sirs: I know from experience how unrealistic a doctor's widow can be about the value of outstanding ac-

in the depressed patient...

to restore cheerfulness, confidence and optimism:

Dexamyl* Spansule*

No. 1 & No. 2

Smith, Kline & French Laboratories, Philadelphia

*T.M. Reg. U.S. Pat. Off.

†T.M. Reg. U.S. Pat. Off. for sustained release capsules, S.K.F.

Patent Applied For.

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counts. Many patients are likely to ask themselves: "Why should I pay? I'll never see the doctor again."

At the end of six months of regular follow-ups, perhaps half the unpaid accounts will be collected—and that's about all that will be. The widow might as well cancel the others. At least she won't have to pay estate taxes on them!

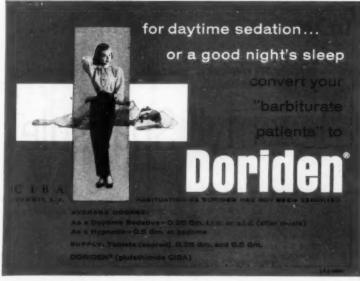
Chester Porterfield
Porterfield-Marks
San Francisco, Calif.

Surgery's Record

Sins: I've just read your editorial on surgical fees, in which you refer to Dr. Herbert Berger's article, "Are Surgical Fees Too High?" Dr. Berger advances the idea that in our great teaching hospitals, the internist tells the obedient surgeon when and how to operate—which the surgeon then supinely does. This is completely false. It's a team decision—and if the surgeon is convinced that an operation is *not* indicated, it isn't done.

No surgeon who has an adequate sense of responsibility will allow anyone but himself to make the final decision on whether an operation is advisable. It is he who must accept the legal and moral responsibility for his surgical acts. This being so, no one else can decide for him.

The article says: "The more we progress in medicine, the less neces-

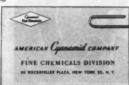


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Triple Sulfas are among the most economical of sulfa drugs. Compared with certain therapeutic agents, they are a bargain indeed. Despite their low cost, they are notable in many ways-for their high potency, wide spectrum, safety, minimal side effects, and high blood, plasma, spinal fluid and tissue levels. Triple Sulfas, alone or in combination with other therapeutic agents, are available from leading pharmaceutical manufacturers under their own brand names. Not all sulfas are Triple Sulfas. Ask any medical representative about the Triple Sulfa products his company offers!

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Suspension SULPOSE® contains 0.167 gm. of each of the Triple Sulfas per teaspoonful (5 cc.). It provides sustained high blood levels. Suspension SULFOSE is effective, convenient, economical, unusually palatable, remarkably stable. It is indicated for a wide variety of systemic, gastrointestinal, and urinary tract infections. Packaged in bottles of one pint. Also available as Tablets SULFOSE.

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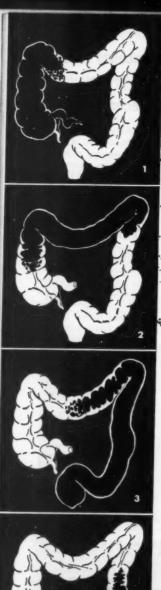
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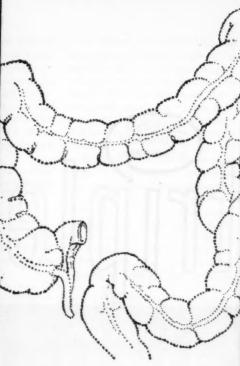
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Roentgenographic pattern of colon mass propulsion:1

"The haustral markings suddenly disappear, the bowel appearing radiologically as a solid unsegmented column. A strong and rapid peristaltic wave then travels over the transverse and descending colons carrying all before it. The haustral markings then reappear. The contents of the more proximal portion of the colon are thus transferred to the pelvic colon which becomes filled from below upwards."

- (1) Ascending colon filled.
- (2) Unsegmented mass propelled through transverse colon.
- (3) Propulsive force follows mass through descending colon.
- (4) Pelvic colon reservoir filled.

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SMOOTHAGE ACTION IN CONSTIPATION

Nervous fatigue, tension, injudicious diet, failure to establish regularity, too little exercise, excessive use of cathartics—all factors which contribute to constipation.²

Reestablishing Bowel Reflexes with Metamucil®

Sufficient bulk and sufficient fluid form the basic rationale of treatment of constipation with Metamucil.

Metamucil (the mucilloid of Plantago ovata) produces a bland, smooth bulk when mixed with the intestinal contents. This bulk, through its mass alone, stimulates the peristaltic reflex and thus initiates the desire to evacuate, even in patients in whom postoperative hesitancy exists.

Contributing Factors

Such gentle stimulation is of distinct advantage in reeducating and reestablishing those reflexes which control bowel evacuation. Many factors may pervert the normal reflexes, causing finally chronic constipation. Among them are: nervous fatigue and tension, improper intake of fluid, improper dietary habits, failure to respond to the call to stool, lack of physical exercise and abuse of the intestinal tract through excessive use of laxatives.²

Correction of constipation logically, therefore, lies in the suitable adjustment of these factors. The characteristics of Metamucil permit the correction of most of these factors: it provides bulk; it demands adequate intake of fluids (one glass with Metamucil powder, one glass after each dose); it increases the physiologic demand to evacuate; and it does not establish a laxative "habit." Metamucil, in addition, is inert, non-irritating and nonallergenic.

Dosage Considerations

The average adult dose is one rounded teaspoonful of Metamucil powder in a glass of cool water, milk or fruit juice, followed by an additional glass of fluid if indicated.

Metamucil is the highly refined mucilloid of Plantago ovata (50%), a seed of the psyllium group, combined with dextrose (50%) as a dispersing agent. It is supplied in containers of 4, 8 and 16 ounces. G. D. Searle & Co., Research in the Service of Medicine.

- Best, C. H., and Taylor, N. B.: The Physiological Basis of Medical Practice: A Text in Applied Physiology, ed. 5, Baltimore, The Williams & Wilkins Company, 1950, pp. 579-583.
- Bargen, J. A.: A Method of Improving Function of the Bowel, Gastroenterology 13:275 (Oct.) 1949.

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sary surgery becomes. Remember when operations for empyema and mastoid were common?"

Let me ask Dr. Berger some questions of my own: "Remember when carcinoma of the lung was quite hopeless? Remember the inexorable course of coarctation of the aorta, of tetralogy of Fallot, and of patent ductus arteriosus?" The magnificent contributions of surgery are evident to anyone who looks at the record.

I don't pretend to know whether the main contention of the articlethat surgical fees are too high-is true or false. I do know that harmony and goodwill are not served by Dr. Berger's failure to acquaint himself with the elements of the situation before propounding a panacea.

The proper level of surgical fees is ultimately a question of how much the greater responsibility of the surgeon is worth in dollars and cents. Certainly the finger of moral and legal responsibility points much more directly at the doctor who operates than at the doctor who prescribes medicine.

To the patient, this is the real difference between surgeon and nonsurgeon. Its monetary worth is, and will continue to be, settled by the attitude of the public.

M.D., New York

Secretarial Pay

Sins: I work as secretary, technician, receptionist, bookkeeper, and collection agent for a Manhattan physician. Even before my boss arrives in the morning, I'm kept busy giving physiotherapy or taking Xrays. He doesn't have to dictate reports, since I'm able to do them to his satisfaction.

IN

For all this (and after working here for seven years) I get a great big \$65 a week, out of which I have to buy uniforms and white shoes and stockings. Oh, yes, last year I got a Christmas bonus of \$50.

If doctors would only wake up and pay the same salaries as businesses do, there'd be an end to the secretary shortage you discussed in one of your editorials. Don't tell me doctors can't afford it: I know what they're making.

Doctor's Aide, New York

Telephone Robots

Sirs: For the past two years, I've been using an automatic telephoneanswering device in my office. I've found it most satisfactory. When I first got it, though, I discovered that it frightened or confused some patients. So I had an announcement card printed up and mailed to every patient on my active list. It said:

"An automatic answering device has been attached to my telephone to take your messages if I am away from the office. If you should call and this machine answers, please follow the instructions for leaving a message which the machine will give you. You may start talking after you hear a double 'beep' tone and continue until the beep sounds again. This device will ensure my receiving

NOW...THE NEWEST RESEARCH DEVELOPMENT IN HYPERTENSION GIVES YOU RESULTS LIKE THESE ...



the next time you need to lower blood pressure you can write for a true dependable and safe anti-hypertensive agent ...

Unitensen represents the latest research development in hypertension. It contains cryptenamine tannate—a synthesized salt of a newly isolated ester alkaloid fraction never heretofore made available.

Unitensen is a true anti-hypertensive agent that decisively controls arterial hypertension. It dependably lowers blood pressure in the majority of patients without ganglionic blocking. It is free from dangerous side actions. Desage is uncomplicated. Economical Unitensen saves your patients 1/3 to 1/2 over the cost of other potent hypotensive agents.



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LETTERS

your messages and answering your calls with the least possible delay."

The cards were inexpensive and well worth the effort.

Mortimer M. Cohn, M.D.
Armonk, N.Y.

Psychiatrists' Critics

SIRS: Dr. Don D. Jackson's article, "A Psychiatrist Answers His Critics," didn't answer me...

When I refer a case to a medical or surgical specialist, we usually see the patient together and discuss the case in language that we both understand. In that way, I learn something that may help me in future. And the specialist keeps me informed on whatever treatment he gives my pa-

tient. I feel I'm entitled to this courtesv in return for the referral.

But the psychiatrist doesn't usually discuss the case with me, and he doesn't keep me informed about the patient's progress. Although he needs referrals from the G.P., he gives nothing in return.

F. W. Andreas, M.D. Cleveland, Ohio

Sins: Dr. Jackson's article prompts me to ask your readers, "How can I get out of psychiatry?"

After fifteen years in the specialty, during which I held a number of responsible positions, I flunked the board (for reasons unknown to me). Thoroughly crushed and humiliated,

FOR A GOOD NIGHT'S SLEEP Philadelphia 2. Pa WITHOUT BARBITURATE HANGOVER

For hypnosis: 2-grain capsules / For daytime sedation: 1-grain capsules





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Sterane

the most potent anti-arthritic

3 to 5 times more potent than hydrocortisone or cortisone

notably free of major normonal side effects such as edema due to sodium and water retention, hypopotassemia, and hypertension

seldom requires low-sodium diets or potassium supplements in patients without cardiac complications when given in usual therapeutic dosage

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Forsham, P. H., et al. 'Paper presented at'
First Internat. Conf. on Prednisone and Prednisolog

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PFIZER LABORATORIES Division. Chas. Pfizer & Co., Inc., Brooklyn G. N. Y.

LETTERS

I decided to get out of my chosen specialty as fast as I could and do general practice instead.

But my colleagues still point me out as "that psychiatrist." So I repeat: How can I get out of psychiatry?

M.D., California

No Price Tags

Sins: The most obvious fact brought out by the report of the A.M.A. Committee on Medical Practices is that there is no unanimity of opinion on what constitutes a fair fee. Yet we shouldn't be surprised at this.

The fact is that it's impossible for doctors to fix price tags as grocers

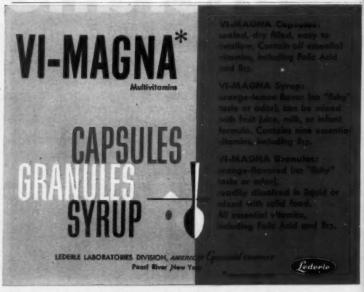
and car dealers do. The only just basis of charging for professional services is a purely individual one.

The public needn't fear free enterprise in the medical profession. The laws of human nature and competition will take care of the few physicians who charge unreasonable fees...

> Andre H. Lamal, M.D. Watford City, N.D.

Insurance Tie-Ins

Sins: Not long ago, my insurance agent wrote me that the company wouldn't renew my malpractice insurance "unless they may also handle some of your other casualty business."





Gastric Hyperacidity: etiology

People being people, environmental factors contributory to gastric hyperacidity are hard to remove, even when their role is clearly defined. But, the physician has a sure, simple—even pleasant—way of relieving the acid distress caused by:

- · dietary indiscretion
- nervous tension
- · emotional stress
- · food intolerances
- excessive smoking
- alcoholic beverages

Gelusil promptly and effectively controls the excessive gastric acidity of "heartburn" and chronic indigestion. And it affords equally rapid relief in peptic ulcer. Sustained action is assured by combining magnesium trisilicate with the specially prepared aluminum hydroxide gel. Free from constipation: Gelusil's aluminum hydroxide component is specially prepared: the concentration of aluminum ions is accordingly low; hence the formation of astringent—and constipating—aluminum chloride is minimal.

Free from acid rebound: Unlike soluble alkalies, Gelusil does not over-neutralize or alkalinize. It maintains the gastric pH in a mildly acid range—that of maximum physiologic functioning.

Dosege—2 tablets or 2 teaspoonfuls two hours after eating or when symptoms are pronounced. Each tablet or teaspoonful provides: 7½ gr. magnesium trisilicate and 4 gr. aluminum hydroxide gel.

Available—Gelusil Tablets in packages of 50, 100, 1000 and 5000. Gelusil Liquid in bottles of 6 and 12 fluidounces.

Gelusil°

Antocid · Adsorbent

WARNER-CHILCOTT

I feel there are the strongest moral objections to a tie-in of this sort. As an internist, I suppose my risks are somewhat less than those of the average doctor. But I'd far rather pay my full share of the cost for the profession at large than be cajoled and cornered into a black-market operation such as my agent's letter suggests.

William L. Cover, M.D. San Bernardino, Calif.

Hospital Workshops

Sirs: Robert M. Cunningham, author of "What Hospital Administrators Say About Doctors," is not alone in emphasizing that the hospital is a free workshop for the physician. But the point is not so much that the workshop is free as that it's a place dedicated by the community to the care of the sick. In other words, the facilities of the hospital enable the patient to receive more adequate treatment from his physician.

Even if there were no hospitals, the physician would still render his services whenever and wherever the need arose.

> C. A. McKinlay, M.D. Minneapolis, Minn.

Sirs: I gave \$2,500 to help my "free" workshop the past two years. Try not giving, and see what happens!

M.D., Ohio

SIRS: Mr. Cunningham says: "The doctor is probably the only person

in our society who is given a completely staffed and fully equipped shop in which to conduct his own business for his own profit."

I say, in reply: Where would the ministers preach if someone didn't supply a church? What would the lawyers do without tax-supported courts?...

The trained hospital administrator came into being only because doctors insisted that it was time hospitals were well run. It looks now as if the tail has begun to wag the dog.

W. B. Harm, M.D. Detroit, Mich.

Sins: ... On the question of responsibility for running up hospital costs: It's my experience that hospital boards buy all kinds of expensive equipment that their staffs are never consulted about and that never pays its way.

R. C. Hildreth, M.D. Kalamazoo, Mich.

The 'Real' Troubles

Sirs: Perhaps I'm more of a freak than I suppose. Somehow, though, my troubles are not the ones that have been so vigorously discussed lately—as in the recent A.M.A. report on unethical practices.

The things that really worry me are these:

- What can we do about the 70 per cent of the population that's no longer able to afford its hospital bills?
 - 2. What are we going to do about

C

infection
inflammation
injury
allergy

SODIUM SULAMYD® solution 30%-10%—ointment 10%

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0.5% Cortisone acetate and 0.25% CHLOR-TRIMETON® maleate

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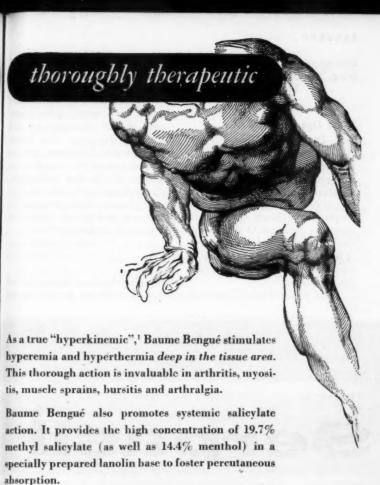
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I. Lange, K., and Weiner, D.: J. Invest. Dermat. 12:263 (May) 1949.

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LETTERS

the high percentage of patients now being "treated" by cultists?

Fred A. Rechnitz, M.D. Denver, Colo.

What Optometry Wants

Sins: Dr. Robert W. Johnson's article, "Optometry Wants to Halt M.D.-Refracting," was obviously written before the American Optometric Association's most recent annual meeting. At that meeting, the association adopted a resolution clarifying its views. As chairman of the association's Committee on Interprofessional Relations, I'd like to clear up all misunderstanding by quoting from the resolution:

"The physiological eye care

known as optometry, and surgical eye care known as ophthalmology are two separate and distinct professions, each requiring the whole time, thought, and attention of the practitioners of each respective art and science... Therefore... the American Optometric Association goes on record as desiring the complete coperation of the two professions, with emphasis on the fact that optometry has no desire to extend it practice to include any limited or other form of medical eye care."

H. Ward Ewalt Jr., O.D. Pittsburgh, Pa. pub

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SIRS: Dr. Johnson intimates that we O.D.s shouldn't try to educate the



public to the fact that the optometrist knows more about refraction than the physician does. But the truth is that the average O.D. is a better refractionist. Why shouldn't we say so?

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Frank E. Houston, o.D. Grenada, Miss.

Sirs: ... We optometrists don't expect to keep ophthalmologists from doing refractions. But we do want to prevent them from giving perfunctory training in refracting to lay technicians, since trained professional judgment is absolutely necessary for achieving optimum results.

Optometrists and ophthalmologists can often help each other: An optometrist can save the busy M.D.'s time by caring for his orthoptic and contact lens cases.

H. Josef Gold, o.p. Paterson, N.J.

Sirs: I think the younger ophthalmologists recognize optometry for the farce it really is. So do many of the older men, but they're sometimes afraid of losing the surgery referred by these people. So they continue to cooperate with them.

I think it's time the A.M.A. came forth with a flat declaration that it's completely unethical for doctors to have anything to do with O.D.s.

> T. D. Ghent, M.D. Charlotte, N.C. END

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Nonsoporific tranquilizer

Especially indicated for Old People and Children

Highly compatible vehicle

dextro-amphetamine suifate elimin. Antrenyle Syrup, cedeine shoephate epinedrine suifate, sedium salloylate and many other medication. Serpacil Elixir has a clear light-green color and a pleasant lemos lime flavor. Each 14-mil. teaspoontul centains 0.2 mg. of Serpacil



to restore appetite and promote weight gain

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 In infants with persistent anorexia, improvement in appetite is commonly noted within five days.

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Lactofort is the first and only pediatric dietary supplement to provide adequate quantities of growth-essential lysine for appetite stimulation and weight gain.

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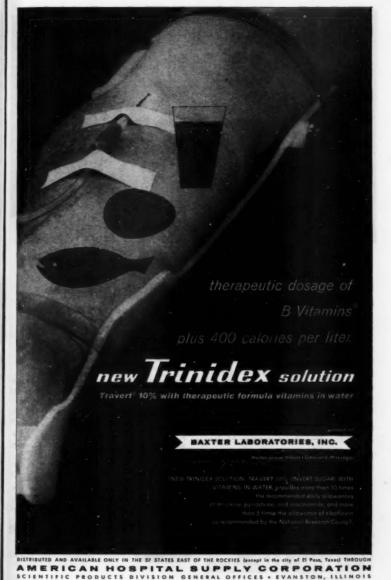
| 2 mouse, or (and only) or addition | | |
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| L-Lysine | 500 mg | g, |
| (from L-lysine monohydroc | hloride) | |
| Vitamin A acetate | 3750 U.S.P. Unit | is |
| Vitamin D | 1000 U.S.P. Unit | is |
| Thiamine mononitrate | 0.75 mg | į. |
| Riboflavin | 1.25 mg | ξ. |
| Niacinamide | 7.5 mg | ţ. |
| Vitamin B ₁₂ | 2.5 mcg | ξ. |
| Folic acid | 0.25 mg | g. |
| Ascorbic acid | 75 mg | ζ. |
| (from sodium ascorbate) | | |
| Pyridoxine hydrochloride | 0.75 mg | 2. |
| Calcium pantothenate | 7.5 mg | ç. |
| Iron ammonium citrate green | 50 mg | ţ. |
| (elemental iron 7.5 mg.) | | |
| Calcium gluconate | 1.45 Gn | n. |
| (elemental calcium 130 mg. |) | |
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| Iron (from Ferrous Sulfate) | mg |
| Manganese (from Manganous Sulfate) 1 | mg |
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| Molybdenum (from Sodium Molybdate) 0.2 | mg |
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| VITAMINS | |
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| Vitamin A (Palmitate)5,000 U.S.P. | Units |
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Food and Nutr. News, vol. 25, p. 3 (1954).
 McLester, J. S. and Darby, W. J.: Nutrition and diet in health and disease. W. B. Saunders Company, Philadelphia, 1932. p. 107.



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70 MEDICAL ECONOMICS · DECEMBER 1955



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• Reducing patients eat much the same foods as other family members. No special foods, no special preparation. That's why the DIETENE 1000 Calorie Diet is easy to stick to!

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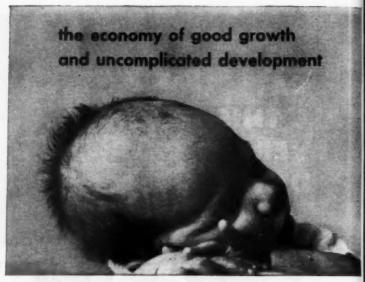
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MEDICAL ECONOMICS · DECEMBER 1955 71



SIMILAC POWDER-physiologic food during the first year of life-

To assure sound growth and reduce many of the complications commonly encountered in the first year of life, the full, balanced Similac formula provides: fat, protein and carbohydrate closely approximating the content of human breast milk in quality and quantity; a full complement of known essential vitamins in adequate amounts; an adjusted mineral content; a soft, fluid curd with zero tension, assuring rapid and easy digestion.

SIMILAC POWDER-stable in price . . . an economy in feeding-

With food costs at or near an all-time high, the price of Similac has remained relatively constant since 1923. Similac with its complete modification and added vitamins is virtually the same in price as vitamin-supplemented whole-milk feeding—and in many instances actually affords greater economy.

SIMILAC powder

There is no closer equivalent to the milk of healthy, well-nourished mothers

SUPPLIED: Tins of 1 lb., with measuring cup. Similac is also available as concentrated Liquid in tins of 13 fl. oz.



M & R LABORATORIES, Columbus 16, Ohio

CO

confines the cold
without confining
the patient

CORICIDIN* with PENICILLIN

Tablets

(150,000 units Penicillin G Procaine)

combats bacterial infection • relieves cold symptoms

and for all infections responsive to oral penicillin

CORICIDIN with PENICILLIN Soluble Powder

(250,000 units Penicillin G Potassium per teaspoonful)

CORICIDIN, brand of analgesic-antipyretic.

*a name synonymous with cold control

Schering

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"I've sold a good many cars, and I expect to be selling for years to come!"



"Old age" is getting harder to define. Some of today's working men and women can claim 40, 50, or even more years of experience in their fields—and they're still not ready to retire! To help keep such vigorous folks fit and on the go, many doctors prescribe Genral, a potent dietary supplement prepared specially for geriatric use.

Gevral*

Geriatric Vitamin-Mineral Supplement Lederle

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| Rutin | 25 | mg |
|--|-----|-----|
| Purified Intrinsic | 0.5 | |
| Factor Concentrate | 0.5 | |
| Iron (as FeSO ₄) | | mg |
| Iodine (as KI) | 0.5 | |
| Calcium (as CaHPO ₄) | 145 | |
| Phosphorus (as CaHPO ₄) | 110 | ma |
| Boron (as Na ₂ B ₄ O ₇ .10H ₂ O) | 0.1 | mg |
| Copper (as CuO) | . 1 | mg |
| Fluorine (as CaF ₂) | 0.1 | mg |
| Manganese (as MnO ₂) | | mg |
| Magnesium (as MgO) | . 1 | mg |
| Potassium (as K ₂ SO ₄) | | mg |
| Zinc (as ZnO) | 0.5 | EOS |
| | | |

Other Lederle geriatric products include: Gevrabox® Vitamin-Mineral Supplement Liquid with a wine flavor; Gevral.® Protein Vitamin-Mineral-Protein Supplement Powder; and Gevratxa® Vitamin-Mineral-Hormone Capsules.

Lederle LEDE

LEDERLE LABORATORIES DIVISION ANEAUCAN Communid company Pearl River, New York

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SERPE

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In a new flavorful elixir... Serpedon the tranquilizing antispasmodic for rapid relief of

SERPEDON* swiftly relieves gastrointestinal spasm and provides tranquilization, without the use of a habit forming drug.

abdominal spasm

SERPEDON combines:

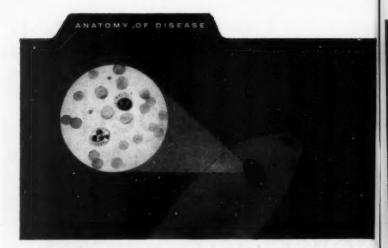
I. three alkaloids of belladonna, equivalent to 7 minims of the tincture, for high efficacy in refaxing gastrointestinal muscle sposm; and

2. reserpine to calm the patient and obviate anxiety symptoms.

There is no dulling of the senses, and the patient may actively pursue his daily routine.

Supplied: SERPEDON Elixir in bottles containing one pint. SERPEDON Tablets in bottles of 100 and 1000 scored tablets.





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for better patient response... use the latest development in antianemia therapy

ARMATRINSIC

- with new ferrous betaine hydrochloride . . . releases hydrochloric acid, important for proper iron absorption.
- provides complete therapy for all treatable anemias

Just 1 Armstrinsic capsule b.i.d. supplies: Vitamin B₁₂ with intrinsic factor

Concentrate*....1 U.S.P. Unit (Ora) Liver Fraction 2 N.F. with Duodenum (Containing intrinaic factor). 100 mg. Vitamin B₁₂ Activity concentrate 10 mcg. Ferrous Betainate HCl equivalent to: 100 mg. of Elemental Iron

18 cc. of N/10 HCI. 888 mg. Folic acid ... 1.4 mg. Aacorbic acid U.S.P. 100 mg. Cobalt Chieride. 29 mg. Molyddanum 1.5 mg. Copper. 0.50 mg. Manganese 0.50 mg. Xinc. 0.50 m

*Unitage established before compounding Adults: 2 or 3 capsules daily with meals Bottles of 50 capsules (small, attractive, odoriess)

AND WHEN A LIQUID HEMATINIC IS PREFERRED

PRESCRIBE ARMATINIC Liquid

FOR A FAST START AND VIGOROUS IMPROVEMENT

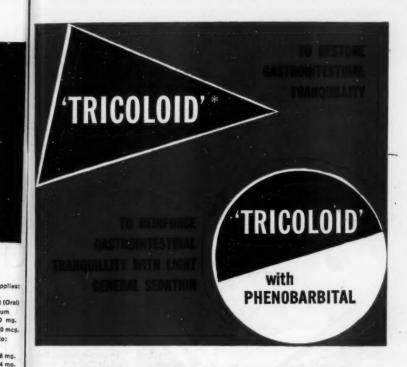
Bottles of 8 and 16 fl.oz.



THE ARMOUR LABORATORIES

A DIVISION OF ARMOUR AND COMPANY . KANKAKEE, ILLINOIS

76 MEDICAL ECONOMICS · DECEMBER 1955



TRICOLOID' or 'TRICOLOID' with Phenobarbital is indicated, according to the degree of emotional tension which accompanies the symptoms, for the medical management of:

> "lower bowel syndrome," nervous indigestion, functional gastroenteritis, " peptic ulcer.

*'TRICOLOID' brand Tricyclamol 50 mg. Sugar-coated tablets 'TRICOLOID' brand Tricyclamol 50 mg. with Phenobarbital 16 mg. (gr. 1/4) Sugar-coated tablets

Both products in bottles of 100 and 1,000.



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BURROUGHS WELLCOME & CO. (U. S. A.) INC., Tuckahoe, New York

MEDICAL ECONOMICS · DECEMBER 1955 77

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NOW...

Federal law permits oral prescription

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BETTER THAN CODEINE FOR COUGH'

BETTER THAN CODEINE PLUS APC FOR PAIN

Percodan

(Sales of Dilipholy-Secretalises and Homologies, plus APC)

Endo

Literature ? write ENDO PRODUCTS INC. BICHMOND HILL 18, NEW YORK here, and and tablets. Recite appointed on tablet of BYCODAN contains 5 mg. Mydracydoinous hitarizate and 1.5 mg. Massaria." May be habit-forning. Average and those, I temperated of inhest after meals and at labet after means and at labet after m

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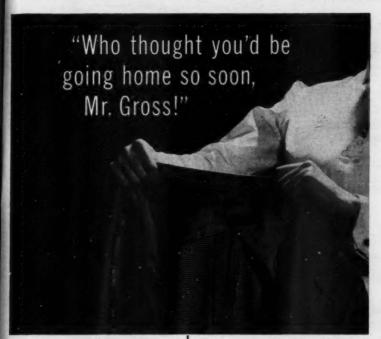
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POLYSAL®

The Balanced Electrolyte Solution, Helps Patient Recovery

POLYSAL prevents and corrects hypopotassemia without danger of toxicity.

POLYSAL corrects moderate acidosis without inducing alkalosis

POLYSAL replaces the electrolytes in extracellular fluid.

POLYSAL induces copious excretion of urine and salt.

Polysal, a single I.V. solution to build electrolyte balance, is recommended for electrolyte and fluid replacement in all medical, surgical and pediatric patients where saline or other electrolyte solutions would ordinarily be given. Available in distilled water—250 cc. and 1000 cc. and in 5% Dextrose—500 cc. and 1000 cc.



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There is a Lilly vitamin to fill the precise needs of every member of the family. From prenatal supplements to therapeutic combinations, from pediatrics to geriatrics, Lilly vitamins offer the logical formulas of essential ingredients. Always of high quality and unvarying strength, each vitamin lot is painstakingly manufactured and thoroughly assayed before release. . . . And, like all Lilly products, the vitamin family is advertised and promoted through professional channels exclusively. Eli Lilly and Company, Indianapolis 6, Indiana, U. S. A.



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Of 205 patients with

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due to various etiologic agents, 189 reported "good or excellent" symptomatic response following therapy with CORTRIL Vaginal Tablets.*

brand of hydrocortisone

vaginal tablets

supplied: As 10 mg. white tablets in packages of 10.



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*Personal communications

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Editorials

Surgical fees are lower

than you think . Why black sheep belong in organized medicine • A doctor who speaks clearly • The indignity of being a patient • Do titles really matter?

Most Fees Are Modest

We've all seen complaints in the lay press about surgical fees. And in this magazine last July, Internist Herbert Berger said flatly that most surgical care is "overpriced"-that surgeons should start a voluntary program of price reduction right away.

Do such criticisms apply to the usual run of surgical fees?

To find out, we surveyed all the men who do general surgery in nine representative parts of the country. We asked what they most commonly charge for each of ten standard procedures. From their replies (as you may remember reading last month), we computed the usual price range for each operation in each region. There wasn't a figure over \$500 in the lot.

By almost any standards, the median fees in each area were modest. Even for a total hysterectomy, few doctors in the nine areas charge more than \$350; and some set their usual fees as low as \$125 or even \$100.

Can average patients legitimately call such fees exorbitant? Not these days, when they'll spend \$300 on accessories for a new car, and sometimes twice that on a high-fidelity phonograph.

This isn't to say that criticism of surgical fees is totally unwarranted. Some surgeons still regularly charge the patient a full month's income for any major procedure; they seem to forget how hard a family man earning \$5,000 a year can be hit by a bill for \$400. And a few surgeons still seem to believe that any business executive will feel insulted if he isn't billed for at least \$1,000.

But we're speaking of the surgical fees most commonly charged. On the whole, they seem pretty reasonable —a lot more reasonable than some men in medicine suspected.

Medicine's Black Sheep

More than a hundred physicians have been expelled from the country's medical societies in the past ten years, most of them as punishment



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New anticholinergic from <u>Lederle</u> with fewer side effects

LLON

Tridihexethyl iodide Tablets 25 mg.

For the medical management of peptic ulcer, hypertrophic gastritis and intestinal hypermotility.

Notably effective in relieving pain due to smooth muscle spasm.

In usual dosage, undesirable side effects are rare.

Also available with added phenobarbital, 15 mg.

LEDERLE LABORATORIES DIVISION

AMERICAN Cyanamid COMPANY Pearl River, New York

*RES. U.S. PAT. OFF.

for unethical behavior. Recently the A.M.A. Committee on Medical Practices took a stand in favor of increased expulsions.

Every dishonest doctor, the committee said, "should be removed from the company of ethical physicians and deprived of their tacit endorsement."

But does expulsion really punish the offending doctor? Or does it just give him a freer hand? After all, he continues to practice. And without the restraint of membership in organized medicine, he can go on committing his old offenses—or even some new ones, if he chooses.

By contrast, when an unethical doctor isn't expelled, he remains

subject to the ethical regulations that bind his colleagues. We think that's all to the good. Consider what happened in Connecticut a few months ago:

A doctor had been caught rendering padded bills to Blue Shield. Charges were brought against him, and the state medical examining board found him guilty as charged.

Then the board did something unusual. Working hand-in-hand with the Connecticut State Medical Society, it issued one of the most pointed reprimands ever to be given within medicine.

Full details of the case, with names, were printed in the Connecticut State Medical Journal; and the

Statement from an emotionally unstable farm boy who received Serpasil in a recent study. This patient was 1 of 3 individuals with some form of character neuroses who were treated with Serpasil. Duta, F. R., and Emogh, F. G.: Ann. New York And. Sc. 61:190 (April 15) 1965. Supplied: Tablets, 0.1 mg., 0.25 mg. (ecored), 1.0 mg. (scared), 2.0 mg. (scored), 4.0 mg. (scored), Elizir, 0.2 mg. per 4 ml.; Parentered Solution, 2-ml. ampula, 2.5 mg. per ml. CIBA Seamet, N. L.

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e e no spill
no file
W H E A T O N
SCORE-BREAK
AMPULES



This Wheaton ampule comes already scored. You simply pick it up and break it at the score. You need no file, no saw. You can open the Score-Break ampule much more easily than you've ever opened any ampule before.

Because the Score-Break Ampule is so easy to open, the contents are less likely to spill. And the score makes a clean break certain.

More and more pharmaceutical firms are adopting the Wheaton Score-Break Ampule.

Look for the red dot above the score. That tells you it's Wheaton.

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Wheaton has made fine glass containers since 1888

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EDITORIALS

doctor was placed publicly on his good behavior. There's every reason to believe he'll stay on it. Connecticut doctors feel that his continued membership in their society is a virtual guarantee of that.

Of course, the blackest sheep are not, and never were, in organized medicine. How control them?

One answer that's been suggested by many doctors: Make membership in organized medicine so attractive that no physician can afford to stay out. The society that offers such special services as a good malpractice insurance plan, practical assistance in getting on hospital staffs, and a society-run collection bureau is probably on the right track. If medicine itself doesn't try to control the country's handful of unethical practitioners, sooner or later the Government will.

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Dr. Paul Hawley once made headlines by urging organized medicine to "kick the rascals out." Instead, why not tempt them in—and then reform them?

He's Helped Medicine

Presidents' doctors are almost always distinguished men. But we think medicine has particular reason to be proud of Dr. Paul Dudley White, the Boston cardiologist who has played so large a part in treating President Eisenhower.

Umm-m-m-m-m-m...
tastes just like
benene-flavored

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Dr. White is a notably articulate man. He says what he wants to say, and he says it in words that the average citizen can understand. His medical bulletins on the President's illness, read by more or less the whole world, have been models of clarity. And where another man might have been solemn to the point of dreariness, Dr. White has found room for flashes of humor.

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Nor is it in Presidential bulletins alone that Dr. White has exhibited these touches. "In 1940," he once wrote, "I suggested that a study be made comparing the ways of life of 1,000 Vermont farmers and 1,000 New York bankers. It's too late now—the farmers are all mechanized and

the bankers are cutting their own grass. But [similar studies relating to heart disease] can and must be made."

When they are, we hope that men like Paul Dudley White will write them up.

It's Undignified!

The doctor-turned-patient invariably learns something. Here, in his own words, is what one physician of our acquaintance learned recently:

"That illness is undignified is probably a new idea to most M.D.s. But take my word, it's true. Just think it over for a minute:

"Being caught with your pants

pocilin ONE Ready-Mixed Panicillin Suspension

in rheumatoid arthritis w available...the second new Schering corticosteroid METICORTE/OMP Presented Included Included

EDITORIALS

down is undignified. To stand stooped over, with your underpants around your ankles, is undignified. It's undignified to expose your genitals. It's undignified to have your belly poked at, your anus studied. It's indignity itself to have to cry in pain, or plead for mercy, or to have a tube pushed through your urethra.

"The doctor who knows how to preserve the patient's dignity is one whom patients must surely love. It's not difficult. Sometimes the physician need merely look the other way at the right moment. But the first re-

quisite is to think of it."

Names Mean Nothing

It's sometimes suggested that part of a specialist's appeal derives from his title, be it neurosurgeon, physiatrist, or rhinolaryngologist. To counter this appeal, we're told, the family doctor should rename himself a "generalist."

Maybe so.

But if names are the answer, couldn't the G.P. do better yet? What title-conscious patient could resist a universologist? Or a multiphasic bodyologist?

But are patients primarily titleconscious? Or are they mostly conscious of the man behind the title? Ask yourself this in relation to your own patients. Ask yourself whether they'd rather consult a broad-spectrum practitioner of the healing arts

or just be treated by a good doctor.

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d-Amphetamine-Vitamins and Minerals Lederle

REducing VItamin CAPSules

ACHIEVE 3 THERAPEUTIC GOALS:

Depress the appetite with bulk-producing, inert methylcellulose—plus appetite reducing d-amphetamine.

Elevate the mood, making the patient more willing to follow a reducing diet.

Prevent dietary deficiencies by supplementing the diet with the vitamins and minerals so often lacking in an unsupervised reducing regimen.

Patients find it easy to follow the simple dosage directions: 1-2 capsules, ½ to 1 hour before each meal.

Available on prescription only.

*REG. U.S. PAT. OFF.

Lederle

LEDERLE LABORATORIES DIVISION

AMERICAN Cyanamid company

Pearl River, New York

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The High Protein Diet fits any budget

Getting enough high-quality protein in your patient's diet need not be expensive. It is often a matter of reinforcing meat protein with other protein foods.

Mix a protein bonus in the main dishes -

Your patient can add skim milk powder to meat loaf—then hide hard-cooked eggs inside for a bright-eyed surprise.

An omelet folded over penny-sliced frankfurters, ground cooked meat, or flaked fish is both tempting and economical.

And a green salad can be topped generously with shoestrings of meat and cheese.

Then add more to the rest of the meal-

Cottage cheese is happily versatile. It tops any salad; makes a pleasing spread—especially on dark breads; or thinned with milk and mixed with chili sauce, it's a zesty salad dressing.

An egg white or gelatin whipped into fruit juice makes a frothy flip.

And a fruit-cheese dessert is a gourmet's delight. Pears go with blue cheese, apples with Camembert, orange sections with cream or cottage cheese.

Of course, not all protein foods supply all the amino acids. But with sufficient variety, the diet is likely to supply all the essential ones, and at the same time assure adequate amounts of the vitamins necessary for proper protein metabolism.





United States Brewers Foundation

Beer-America's Beverage of Moderation

Protein 0.8 Gm., Calories 104/8 oz. glass*

It you'd like reprints of 12 different diets, please write United States Brewers Foundation, 535 Fifth Avenue, New York 17, N. Y. *Average of American beers

in pediatrics and in pregnancy

... a logical approach to functional nausea and vomiting ... try non-hypnotic, non-narcotic EMETROL first, before resorting to potent drugs with undesirable side effects. "A safe and physiologic agent," proved highly effective in children and pregnant women, EMETROL "is free of annoying side effects... neither stimulates nor depresses ... and is relatively inexpensive."

ETR

for nausea and vomiting

An oral phosphorated carbohydrate solution (optimally adjusted pH). IMPORTANT: Do not dilute. Avoid all other fluids while taking EMETROL.

Average dosage: Children, 1 tespoonful every 15 minutes. If dose is not retained, repeat every 5 minutes. Early pregnancy, 1 or 2 tablespoonfuls on arising, repeated every 3 hours or whenever nausea threatens.

<u>Supplied:</u> Bottles of 3 fl.oz. and 16 fl.oz. through all pharmacies.

1. Crunden, A. B., Jr., and Davis, W. A.: Am. J. Obst. & Gynec. 65:311, 1953. 2. Bradley, J. E., et al.: J. Pediat. 38:41, 1951.

KINNEY & COMPANY, INC.

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MISS PHOEBE

NO. 10 IN A SERIES



"By gum, Phoebe, you're right! These lightweight E & J chairs will make this year's job a breeze!"







MERRY CHRISTMAS FROM ALL THE GANG AT EVEREST & JENNINGS, INC.

EVEREST & JENNINGS, INC., 1803 PONTIUS AVE., LOS ANGELES 25, CALIF.

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To put roses in the cheeks of the pale and run-down child...



Troph-Iron' offers the appetite-stimulating, growth-promoting activity of the potent B_{12} - B_1 Trophite† formula, plus: (1) treatment of and protection against nutritional iron deficiency; (2) a substantial increase in appetite stimulation, due to the activity of iron itself.

Each teaspoonful (5 cc.)—the recommended daily dose—of 'Troph-Iron' provides:

| $Vitamin B_{12}$ | | | | | | | | | | 25 | mcg. |
|------------------------|----|-----|----|---|--|--|--|---|--|-----|------|
| Vitamin B ₁ | | | | | | | | | | | |
| Ferric byrob | ho | shl | at | e | | | | 4 | | 250 | mg. |

Note:

'Troph-Iron' is supplied to your pharmacist in specially treated, light resistant 4 fl. oz. bottles. Please prescribe in this size.

prescribe Troph-Iron

Smith, Kline & French Laboratories, Philadelphia
Trademark †T.M. Reg. U.S. Pat. Off.

MEDICAL ECONOMICS · DECEMBER 1955

A really new prenatal supplement

new because -

- chelated iron...for exceptional tolerance
- phosphorus-free calcium...for freedom from leg cramps
- plus 10 other essential metabolites important in pregnancy

Chelated iron...better tolerance...iron is not suddenly imposed on the

duodenum and upper jejunum... hence, no irritation... better uptake

...iron is available over an extended area of the gastrointestinal tract.

Phosphorus-free calcium...avoids the neuromuscular complaints attributed to phosphorus-containing calcium supplements.

Ferrolip OB dosage is small. Just 1 tablet t.i.d. provides:

| Ferrolip* (Iron Choline |
|----------------------------|
| Citrate) |
| Tricalcium Citrate600 mg. |
| Calcium Gluconate300 mg. |
| Thiamine Mononitrate3 mg. |
| Riboflavin |
| Niacinamide |
| Calcium Pantothensis10 mg. |

 Pyridexine Hydrachloride.
 10 mg.

 Ascorbic Acid.
 200 mg.

 Felic Acid.
 0.5 mg.

 Vilannin Baz with Intrinsic Factor
 Concentrate 1 U.S.P. Unit (Oral)

 Vilannin A.
 5000 Units

 Vilannin D.
 500 Units

*Protected by U.S. Patent 2,575,611. — Bottles of 60 and 1000 tablets.

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Mou-maneotie Cough specifie-

Romilar 'Roche' is at
least as effective as
codeine in relieving
cough -- but it does
not constipate and is
not habit-forming.

10 mg Romilar equals
15 mg (1/4 gr) codeine.

More and more physicians —

...are prescribing

Gantrisin* 'Roche.'

Why? Because they've

found that this single,

soluble wide-spectrum

sulfonamide is usually

both effective and

well tolerated.

A Night With an Emergency-Call Service

By Wallace Croatman

Are doctors meeting people's night-call needs? This running account of a Saturday night at a night-call bureau provides a partial answer. It indicates that most calls are handled smoothly—but that a few hit surprising snags

• It's 2 A.M. when the telephone in your bedroom rings. You grope for the receiver and pick it up. "Yes?" you yawn into the mouthpiece.

"Emergency service calling," says a crisp, wide-awake voice. "We have a call at Park and Fifth—a year-old baby with a 104 fever. Will you take it, Doctor?"

You jot down the name, address, and telephone number. Then you hang up and sleepily start dressing. As you slip into your trousers, you may wonder why the emergency service never calls you *before* you get to sleep. If you're a typical member of an emergency-call panel, that may be all the thought you give to the machinery that has put you in touch with a sick baby.

Yet there's a lot more to any emergency-call service than a calm voice with a penchant for waking doctors at 2 a.m.—or so the editors of MEDICAL ECONOMICS reasoned. That's why they asked me to spend a recent Saturday night watching one of the busiest night-call bureaus in action. Doctors' Emergency Service, as it's called, was set up five years ago by the Medical Society of the County of New York. Since then it has filled some 20,000 rush calls for medical help.

It was a little past 8 P.M. when I walked into the office of Telanser-phone, Inc., the commercial answering service that handles emergency calls for the medical society on a nonprofit basis. I found myself in a large, green-painted room. Two rows of switchboards took up most of the space. In spite of the acoustical tiles on the ceiling, the room was noisy.

Supervisor Margaret Quaife, after inviting me to sit down, explained that the operator next to me was working on emergency calls. (The dozen-odd girls at the other switchboards were answering phones for the company's regular clients—doctors, show people, businessmen, etc.)

"Our busiest nights are Saturdays, Sundays, and holidays," the supervisor told me. "We had to make over a hundred calls one recent Sunday."

This Saturday had been a quiet one so far. There had been only five emergency calls since noon, and two of these had been canceled before a doctor had left his office. But I'd hardly sat down when the emergency number—Trafalgar 9-1000—was called.

"This is Doctors' Emergency Service," said Operator Evelyn Gerrity, meanwhile jotting down the time and date on a printed form. In a few seconds she had written the caller's name, address, apartment number, and telephone number on the form. The caller was a Mrs. Steiner° at a

Canal telephone exchange. Her two young children both had high fevers, and her family doctor was away for the week-end.

The operator asked whether the doctor had left another physician in charge of his practice. Mrs. Steiner wasn't sure; she didn't think so. Miss Gerrity said she'd try to locate a doctor right away.

First she called Mrs. Steiner's family physician, to see whether he really was unavailable. The doctor's answering service verified that he was away; but it gave the phone number of a substitute. Miss Gerrity dialed the substitute, found that he would take the call, and phoned Mrs. Steiner to tell her that a doctor was on the way.

The entire sequence took only six minutes.

The Doctor Was Home

Almost immediately another call came in, this time from a Mrs. O'Donnell on East Eightieth Street. Her 11-year-old boy had a temperature of 103. Again the operator got the name of the family doctor and dialed his number. He was not only home; he answered the phone himself.

Yes, he said, Mrs. O'Donnell had phoned him, but he was unavailable that night. It was he, in fact, who had suggested that she try Doctors' Emergency Service.

"Thank you, Doctor," Miss Gerrity said, her voice noncommittal. She dialed a Dr. Harper, who lives

⁶Although the cases described in this article are reported exactly as they happened, the names of patients and doctors have been changed.

six blocks south of the O'Donnell address. He accepted the call. Elapsed time: nine minutes.

Things quieted down until 8:45, when a young woman from the upper West Side reported that she was having menstrual cramps and was vomiting. She said she didn't have a family physician.

This time the operator's first call drew a blank: Dr. Moore, who had taken two emergency cases that afternoon, was now out to the movies. On her second call, however, the operator got another doctor to agree to see the woman. He did so, found nothing seriously wrong, and gave her a sedative.

For the next hour, Tralfalgar 9-1000 was silent. Supervisor Quaife filled in the interval for me by explaining more about how the system works. "As you can see," she said, "we keep a detailed record of everything that happens. We turn this record over to the medical society, which also gets a report from the doctor on the outcome of each case. The society furnishes the panel doctors with printed forms to make their reports on."

Front of the Pack

The key to the whole operation, she said, is a card file of basic information about the more than 250 physicians who serve on the emergency panel. The cards are filed according to the doctors' phone exchanges. If the caller's phone number is, say, a Murray Hill 6 exchange, the operator tries to fill the request from among the Murray-Hill-6 doctors. She starts at the front of the pack and works through it.

Once a doctor's card has been tried (whether or not successfully). it goes to the back of the pack. That's the theory, anyway. In practice, when an operator finds a doctor who's home and willing to take calls, she may try him first on other emergencies that crop up in his vicinity.

If the operator can't locate a physician in the patient's phone exchange, she tries other near-by exchanges. Eventually, she may have to go even farther afield.

He Wanted More

When the phone rang again, at 9:20, it was simply Dr. Harper reporting that he'd returned from treating Mrs. O'Donnell's boy for tonsillitis, and that he was on call any time the service needed him. ("Try to make it a good heart case next time," he added, with mock seriousness.)

At 9:40 a man phoned in for a neighboring woman whose husband was sick. "Does she have a family doctor?" the operator asked. The man doubted it. "Well," said the operator courteously, "could she pay a doctor's fee if we get one?"

"I don't know," the man replied. "I don't think so."

"I'm sorry, sir, but this isn't a free service," Miss Gerrity explained. "These are private doctors, and they charge a fee . . . How much? I really can't say. It may be \$5, or perhaps \$10. If she isn't able to pay, you can call the Police Department Telegraph Bureau at Spring 7-\$100, and they'll send over an ambulance... That's quite all right, sir. I'm sorry."

She scribbled "Canceled call—unable to pay fee" on the printed form. "I hate to do that," she said to me. "Seems cruel. But so many of them think it's a free service. We try to tip them off beforehand, in case the doctor doesn't mention it."

The next call came at 10:01, from a man on 123rd Street who said that a woman friend of his was suffering from "bruises and trouble with her chest—she can't lay down." Miss Gerrity wrote out the information, learned that the woman didn't have a doctor but was willing to pay a fee, and then dialed the first number in the University 5 file. The doctor was home and available.

Thus, everything was running along smoothly when, at 10:35, the system suddenly hit a snag.

What Went Wrong?

The trouble started with an excited call from a Mr. Landers, on West 193rd Street. He announced that his 8-month-old baby was running a temperature of 106 and that the family's doctor was out of town.

Another operator had replaced Miss Gerrity on the emergency switchboard by now. She tried Dr. Moore, only to find that he was still at the movies. She then called two other numbers and was twice told that the doctors weren't making house calls that night. When two more refusals followed, she became visibly concerned. But she kept on trying:

"Hello, Dr. Brooks' home? This is Doctors' Emergency...He's not available? Thank you...

"Is this Dr. Smith? Doctors' Emergency calling. Can you take a call? It's on West 193rd Street... Yes, that is pretty far up. But it's an 8-month-old baby with a fever of 106.... Too far for you? All right, Doctor. Good-by."

Ten calls produced seven refusals, two "not availables," and one "away." Supervisor Quaife came over and began riffling through the card file. Several other operators were trying to recall doctors in that uptown neighborhood who might take the call.

"You'd think when you tell them it's a baby . . . " said one girl.

"Oh, it doesn't make any difference," said another.

Now Miss Quaife took over the board. On her first try, she got through to a woman doctor. This doctor was on the verge of accepting the case until she learned where it was. Then she pointed out that she'd have to take a taxi to get up there. Miss Quaife agreed that it was quite a way uptown.

The woman doctor added that she'd had trouble collecting fees on emergency-panel cases in the past. "Well, they *did* say they could pay," coaxed Miss Quaife.

The doctor suggested that the family take the baby to the near-by Jewish Memorial Hospital. "But they probably don't want to take the baby out with that temperature," suggested the supervisor.

It was no go. At last Miss Quaife, her voice still pleasant, said: "Get another physician? All right, Doc-

tor."

She hung up and made a couple of further fruitless calls. Her next attempt—the fourteenth in all—got her through to an answering-service operator. Suddenly the doctor's wife broke in on the line. "Sorry, but my husband simply can't take the call," she said sharply.

35 Minutes Gone

After one more turn-down, Miss Quaife tried a G.P. in Greenwich Village. He was understandably reluctant to travel to the other end of Manhattan. He added that he was available for something in his own neighborhood, though.

It was now 11:10—some thirty-five minutes after the call for help had come in. "I'll have to phone that man back and tell him to take the baby to the hospital," the supervisor decided. So she rang up Mr. Landers—and discovered that he had managed to locate a doctor on his own. "Oh, I wish you'd called us and told us!" she blurted out to him.

"It's a good thing that woman doctor didn't go up there," she remarked to me later. "Imagine that: They got a doctor and didn't have the sense to let us know! Our hard work was all wasted effort."

By comparison, the next call was ridiculously easy to dispose of. It came from a woman in Forest Hills, Queens—outside New York County. So the woman was given the Queens emergency number, Boulevard 8-7300.

Facts About Doctors

With the phone quiet for a while, I began to browse through the file of doctors' names. Each card showed the doctor's name, office and home addresses, office and home phones, and the hours he was available for emergency duty. There was also a space for indicating his specialty. Almost all the men, I noticed, were G.P.s or internists.

I already knew that most of the doctors on the panel were young men anxious to build up their practices. Now I discovered something else: There seemed to be a tendency for the doctor to become less "available" for emergency calls as he gained more experience. Some doctors, although still listed on the panel, hadn't acepted a call in their last twenty. One man (the only one in his telephone exchange) responded to thirteen calls during his first year on the panel and to only four calls during his third year.

At 11:50, a woman asked to have a doctor sent over right away; she had severe indigestion. The operator tried six doctors, but with no luck. On her [MORE ON 243]



How to Get Better Light For Your Office

By Lois Hoffman

• Interested in making your office a pleasanter place to work? If so, you've got plenty of company. Hundreds of doctors query us each year on topics ranging from air conditioning to zoning laws. And right near the middle of their medical-office alphabet comes lighting.

Here are the questions we're most often asked about office lighting, together with answers that point the way toward more restful, more efficient illumination:

1. How do I go about measuring the present light levels in my office?

Your photographic exposure meter may be calibrated in foot-candles. Or your electric utility company may well be willing to lend you a light meter. It may even send one of its lighting engineers to do the measuring for you. He'll determine the foot-candles you're now getting

NO READING LAMPS REQUIRED: Incandescent spotlights by the dozen give good over-all illumination in this large reception room. Note that the spot lamps are set close to the walls in the two waiting areas, providing a direct downbeam over each chair. Other fixtures, set behind the false ceiling in each waiting area, give "up-light" on the walls.

BETTER LIGHT FOR YOUR OFFICE

on desk tops, examining tables, and every place where light is especially important to you. In other areas—e.g., hallways, lavatories, and such—he'll take measurements on a horizontal plane about thirty inches from the floor.

2. How many foot-candles should I have in the various areas?

The Illuminating Engineering Society recommends the following minimums:

¶ Five foot-candles for hallways;

¶ Ten foot-candles for stairways;

¶ Twenty foot-candles for reception rooms;

¶ Thirty foot-candles for general work areas;

¶ Fifty foot-candles for specialized work areas.

Many doctors prefer to have forty to fifty foot-candles in every room. With that much light—provided the overhead fixtures are properly arranged—supplementary reading lamps aren't really necessary. Brightly lit rooms are usually more cheerful, too.

While fifty foot-candles are usually enough for external medical examinations, you of course need more for other professional procedures. Internal examinations require about 250 foot-candles; office surgery requires about 1,000. (For major operations, incidentally, 1,800 foot-candles are recommended.)

3. Which is better—a fluorescent or an incandescent system—for general office lighting?

LUMINOUS CEILING gives enough light for desk work. The glass wall at left, with its mirror effect, helps diffuse the light.





COVE LIGHT goes first to the upper wall and ceiling, then is diffused downward. The supplementary fixtures over the desk contain circular fluorescent tubes; they're turned on for close work.

Particularly if you want fifty footcandles or more, fluorescent lighting is better. Here's why:

It costs less. Without increasing the wattage, you can increase light levels simply by switching from incandescent to fluorescent lamps. For example, a standard 100-watt fluorescent unit gives two-and-a-half to three times the light from one 100-watt incandescent bulb. In other words, the fluorescent system gives you more light for your money.

[MORE]



ROWS OF TROFFERS, recessed in the ceiling, ensure an even distribution of light throughout this reception room. Note the decorative cornice, with fluorescent tubes behind it, over the entrance at left.

True, a fluorescent system costs three to four times more *initially* than an equivalent incandescent system. But it usually pays for itself through lower electricity bills. Besides, incandescent bulbs have to be replaced after they've burned 750 to 1,000 hours; a fluorescent tube has an average life of 7,500 hours.

It's cooler. A fluorescent unit emits only 40 per cent as much heat as an incandescent one providing the same amount of light. Which means, of course, that fluorescent lighting takes some of the load off an air-conditioning system.

It gives better diffusion—in other words, fewer shadows. And since there's no glaring bright spot in a fluorescent tube, it doesn't have to be so heavily shaded as an incandescent bulb. You get the benefit of extra light that would otherwise be swallowed up by a shade.

The so-called "de luxe white" fluorescent lamps give especially pleasing light, since they have a red component that flatters complexions and brings out the full colors of office furnishings. De luxe warm white is usually recommended for every room in the office

BETTER LIGHT FOR YOUR OFFICE

except the examining room. De luxe cool white light can be used when you want to make a room look cooler.

"Standard white" lamps—warm or cool—operate more efficiently than the de luxe types. But they don't have the red component. So you may want to strike a happy medium between beauty and economy by using one de luxe warm and one standard warm lamp in a ceiling fixture.

4. What are some of the best ways to install a general lighting system?

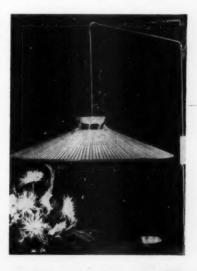
General office lighting—whether fluorescent or incandescent—may mean several suspended ceiling fixtures. But it needn't. Particularly in your reception room, you may want to go to the extra expense of builtin lighting, because of its decorative qualities.

Most built-in lighting is designed so that the illumination comes from many points of fairly low brightness, rather than from one or two very bright sources. This gives a more even, more restful light.

One example of built-in lighting is cornice or cove lighting. Here the tubes are concealed behind a projecting strip of metal, wood, or plaster running along a section of wall (or around the whole room) near the ceiling.

Another example is recessed troffer lighting. Here the fixture is

UP-AND-DOWN LAMP with 29inch shade hangs directly over the desk. You pull it down for close work; you push it up out of the way for consultations. A wide diffuser under the bulbs prevents glare.



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READING LAMP5 need a diffusing bowl or a wide harp with diffusing bulb, like those illustrated here. set so that the bottom of the lighting unit is flush with the ceiling (see illustration, page 106).

Of course, troffer lighting is usually installed in new buildings only. But one doctor who was remodeling an old building with extra-high rooms got the same effect by installing a false ceiling at the lower level of the suspended fixtures.

Still another type of built-in lighting consists of a series of incandescent spotlights recessed in the ceiling. They can serve as the principal source of over-all light—and a very decorative one (see illustration, page 102). But since they give a direct down-beam, rather than the diffused light typical of a fluorescent fixture, they have to be spaced properly. (If they aren't, they create bright pools of light surrounded by shadow.)

The whole ceiling of a room can become a lighting fixture when it's composed entirely of diffusing glass (or plastic) panels with lights above. But planning one of these ceilings is a job for an expert—say, an illuminating consultant employed by one of the large manufacturers. If improperly designed or installed, a luminous ceiling can cause eyestrain.

5. What features should I look for in selecting reading lamps for my office?

The best reading lamp has a glass or plastic diffusing bowl under one or more three-way incandescent bulbs of 50-100-150 watts. Or it may have an extra-wide harp (the metal shade support attached to the socket) that's designed to hold a mushroom-shaped bulb with a heavy white inside coating that acts as a built-in diffuser. (Incidentally, a Certified Lamp Manufacturers tag on any lamp assures that it's well designed.)

First choice in lamp shades is a translucent one, heavy enough so you can't see the bulb or bowl. It should be white or cream-colored inside and out. Second best is an opaque shade; the outside can be any color you like, but its inner sur-

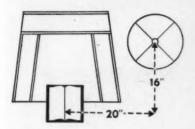
face should be white.

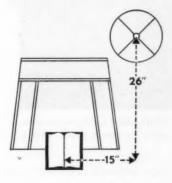
The lower diameter of a tablelamp shade should be at least sixteen inches, to give a good downward spread of light. A floor-lamp shade should be eighteen to twenty inches across. Open-topped shades (with the top diameter almost as large as the bottom) are good for over-all illumination in the room, since a good deal of light goes up to the ceiling, then is bounced back down.

When you use a desk or reading lamp, other lights in the room should be on too. Otherwise you'll encounter eyestrain caused by constant adjustments to the contrast between a brightly lit page and the dark shadows beyond.

6. What rules apply to the height and placement of lamps?

For table lamps, the general ruleof-thumb is that table height plus lamp height to the bottom of the





BIRD'S-EYE VIEW shows correct placement of table lamp (top) and floor lamp in relation to the reader's chair.



SPOT LAMP highlights the name plates on door in a dim hallway.

shade should total forty to fortytwo inches. Floor or wall lamps can be a little higher, with the bottom of the shade forty-seven to fortynine inches from the floor.

A table lamp should go directly beside the chair; a floor lamp, slightly behind it and to one side. 7. How about the special problem of getting the right light in my examining room?

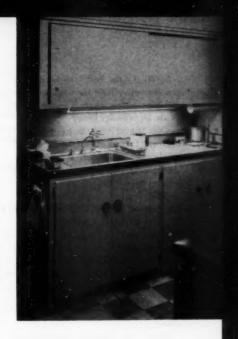
De luxe cool white fluorescent is often satisfactory for over-all examining-room light. But by combining various types, you can come closer to the exact colors you'd get with north-sky daylight.

One good arrangement includes four de luxe cool white, one daylight, and three blue fluorescent tubes (each 40 watts). These eight tubes can be lined up in a troffer or luminous ceiling, then covered with a diffusing shade to mix the colors.

If you'd rather use incandescent light, you can buy a ceiling fixture with a color-correcting, diffusing shade. This gives light very similar to that from your examining lamp.

One doctor who uses a small, goosenecked lamp for internal examinations found he was bothered by shadows and reflections on body tissues. He replaced the regular bulb with a silica-coated one that has no "hot spot" and thus diffuses the light more evenly. He's had no further trouble, he says.

Even better diffusion—and much more brilliant light—comes from the elaborate examining lamps now available. Some are even equipped with heat-filters to dissipate the large amount of radiant heat produced by the incandescent bulb. And they have color-filters, too, to change the incandescent light to approximately the same color as north-sky daylight. [MORE ON 112]



OVER-THE-COUNTER light, set on the underside of the laboratory cabinet, has a front shield to reduce glare.



DIAL-TYPE LIGHT CONTROL is especially useful in examining rooms, where you need subdued lighting at some times, bright lights at others. By adjusting the dial, you can get any degree of illumination you want. One control will handle 360 watts of lamp load; it works with both fluorescent and incandescent systems.

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8. What's the best way to provide supplementary light for work counters and other places where it's not feasible to use an ordinary lamp?

One useful trick is to set a fluorescent fixture on the underside of a laboratory cabinet. It should be shielded, of course, so that you can't see the bare tube.

Soffit lighting is another possibility. This is built-in illumination set as close as possible to the work surface.

Sometimes, too, ceiling or wall spotlights can be focused to give supplementary illumination. The idea works especially well with reception desks.

9. How can I get rid of glare in my office?

First, by having well-diffused general illumination, to lessen lightand-dark contrasts.

Then make sure that no bright spots are in your direct line of vision as you work. Sometimes a heavier shade helps; other times a distracting lamp can be moved to one side.

Another source of glare is brightness contrast on a work surface. For instance, a white paper on a dark brown desk top appears more glaring than the same paper on bleached wood. Sometimes a refinishing job or a large desk blotter helps.

A source of glare that's often overlooked is any window through which a large expanse of sky can be seen. Sometimes a simple overhang, an awning, or a trellis can be added outside. Or the window can be covered with curtains or blinds.

10. Lighting consultants occasionally advise redecorating the whole office. Do I have to go through all that just to get good lighting?

No—but sometimes it's worth the trouble. One doctor who changed his reception-room walls from dark brown to soft yellow found that he'd increased the available footcandles by better than 10 per cent—without adding a single fixture.

Walls, ceilings, and floors with a high "reflection factor" can save you quite a bit of money and reduce contrast glare. Best from a lighting point of view are matte (dull) white ceilings (80-85 per cent reflection), matte pastel walls (50-60 per cent reflection), and medium-toned floors (about 30 per cent reflection).

11. How often do office lighting fixtures need cleaning and maintenance?

In an air-conditioned building, all lighting fixtures ought to be washed with a mild detergent every six months. If you don't have air conditioning or an air filter, they can stand a thorough washing every two months.

12. Where can I get advice on my special lighting problems?

From your electric utility company's lighting engineer or from the local representative of one of the large lamp or fixture manufacturers. Your surgical supply dealer may be able to help with medical lighting problems. You pay only for what you buy; the advice is free.



The Care and Feeding Of the U.S. Doctor

What does he like best to eat, drink, and wear? How much does he smoke—and has he tried to cut down lately? Here is a revealing report on doctors' personal habits

[THE PRIVATE LIFE of the U.S. physician—his health, his family, his personal habits, his politics, his social activities, his community service, his recreation—is now being examined by MEDICAL ECONOMICS in a series of nation-wide polls. Upwards of 1,200 questions, divided into categories, are being asked of samples of male physicians in private practice. Each physician is given only one category of questions, but a total of 15,000 doctors will be queried in all. This is the third article based on their replies. The first and second articles, published in September and October, dealt with the doctor's health habits and his home life—Ed.]

● In his appearance and his personal habits, today's doctor is often indistinguishable from any other successful citizen. But that doesn't mean doctors are like peas in a pod. MEDICAL ECONOMICS' latest survey proves that individualism is very much alive.

[MORE]

CARE AND FEEDING OF THE DOCTOR

Let's examine the results of our study of the M.D.'s tastes in clothing, food, and drink, as well as his smoking, driving, bathing, and sleeping habits. To begin with, what about his appearance?





The Outer Man

There seems to be one possible way to identify a cluster of unfamiliar physicians: There'll be a heavy sprinkling of mustaches in the group. About 12 per cent of the doctors we polled wear them.

The rest of the respondents are clean-shaven. And they shave often: Only 1 per cent do it less than once a day; 5 per cent do it twice daily. Although a die-hard few prefer to shave with an old-fashioned straight razor, most of the men favor safety razors (54 per cent) or electric shavers (40 per cent).

They're pretty poor advertisements for Aqua Velva, though: Only two out of five doctors douse their faces in after-shaving lotion.

Scarcely 5 per cent of the surveyed doctors come right out and say they're bald. But 42 per cent of them admit they're perturbed about thinning hair. All but 4 per cent feel there's nothing they can do about it. "I just observe, with dignity," says one man. And another explains: "I call the thinning area a scar."

As for the hair he's still got, the typical respondent gets it cut every two weeks (though 1 per cent claim to go for two months without being shorn). And one-third of the doctors insist on having the same barber do the job each time. "My favorite, and only, barber is my wife," says one such man.

While he's in the chair, the physician may get his shoes shined, too. But more often he shines them himself—about once a week.

Question: How should an M.D. dress? Chorus of replies: "Conservatively." But, say many, the idea can be carried too far. "If a doctor looks like a doctor on TV," remarks one

man, "he's in bad taste. He should look like other businessmen." And another physician protests: "Too many of us look like morticians."

There seems to be wide disagreement as to what constitutes conservative working attire. There's the jacket-and-necktie school, of course; but there's an equally large school that believes in a subdued open sport shirt and slacks.

Many of the men keep a foot in either camp: They wear business suits in winter, sports attire in sum-

mer.

Here's the scoreboard on other M.D.-preferences in clothes:

¶ Their favorite color for a suit is brown (with blue next). They vote overwhelmingly for white shirts—though about a third of them often wear colored shirts. And they prefer red ties.

¶ The typical respondent owns thirty neckties. But one man, a surgeon, proudly reports that he has 250. And a surprising 37 per cent of the doctors say they like to wear bow ties.

¶ They don't go in much for accessories: Only 26 per cent wear hats, as a rule. Suspenders are worn by a mere 13 per cent; garters, by a bare 3 per cent.

Three out of five doctors own a tuxedo. And they apparently use it about three times a year. This seems to be about their only concession to sartorial splendor.

Only one out of five, for instance, has his suits custom-tailored. Many of the rest say their biggest *mistake* in buying clothes was that they once tried the tailor-made sort of thing.

How often does the doctor buy a new suit? The typical respondent is apparently satisfied with about two a year, with the range running from a dozen suits annually to one suit every six years. He usually has half a dozen suits in working order at a time—an obvious indication that they last him three full years, on the average.

And he's likely to pay around \$75 per suit—though some of the doctors say they regularly spend \$150 or more. Lowest usual price quoted (by a few men): \$30.

Here, finally, is a revealing fact: Two-fifths of the doctors say they'd rather wear old clothes than new ones. Naturally, each man has his own favorite article of apparel, from "my old, dirty fishing pants" to "a white silk shirt." Other prized possessions: "ties with Persian designs," "a railroad man's cap," and "the gray suit I wore at my medical-school graduation."

What things do doctors say they don't like to wear? Hats top the list, followed by raincoats, vests, and starched collars. Some men even say they dislike shoes; but, presumably, all wear them.

What do they dislike in *other* men's ways of dressing? Well, they're dead set against flashy clothes. (Example: "Truman-type" sport shirts.) And they don't like sloppy dressing, clashing colors, overdressing, and

CARE AND FEEDING OF THE DOCTOR

pastel-colored shirts—in the order cited. A few men are affronted by Bermuda shorts, too. But by and large, they have a live-and-let-live attitude toward other men's choices.

On women's attire, it's a different matter: The doctors do have fighting opinions. They object mostly to masculine clothes on female bodies and to high fashions. A few other common complaints: "Too much make-up," "older women dressing to look kittenish," "slacks on a broad beam," "too much sexual emphasis in clothes," "too scant coverage," and "too much jewelry." Finally, there's this echoing refrain, as expressed by one radiologist: "My beef is the *time* it takes a woman to put on 'nothing to wear.'"



The Inner Man

The U.S. doctor is clearly a steakand-potatoes man; and he likes his steak medium-well-done. When he eats out, he'll choose a steak house over any other type of restaurant (second choice: French cooking). And he won't order liver, kidneys, fish, turnips, squash, parsnips, or spinach.

Still, he seems to have a sophisticated palate. Nearly half the surveyed doctors prefer their food highly seasoned, for instance. And here are a few of the dishes that in-

dividual epicures cite as their favorites: fried pumpkin blossoms, dove meat, coon hash, shrimp cooked in beer, rattlesnake meat, octopus, snails, codfish tongues, conch, shark fin, wilted lettuce, hog testes, bluefish cheeks, pickled eels, raw fish, and moo goo gai pan. One man says he enjoys ice cream for breakfast; another takes a mixture of seven dry cereals before retiring.

In addition to liking good food, fully half the men are amateur chefs. Most often they apply their culinary

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skill to steak; but some of their other creations are eyebrow-raisers: egg foo yung, Indian curries, blueberry pie, chocolate fudge, and pizza, for instance.

Typically, the doctors drink two cups of coffee a day. But 20 per cent of them take five or more cups daily, with one respondent consuming twenty-five. Only 8 per cent never touch the stuff.

Twenty per cent never touch alcohol, either. Of the 80 per cent who do°, most say that they drink moderately. Only 14 per cent admit they take more than a single drink on weekdays. Even over a week-end, 41 per cent of the doctors have only four drinks or fewer; and a mere 7 per cent of the respondents take eight or more.

Those who totally abstain give such reasons as this one: "I just don't care for the taste, nor for the next day's malaise." Yet many of the drinkers say they've never experienced such "malaise." Respondents who do know what a hangover's like usually treat it with aspirin, codeine, soda bicarbonate, or forced fluids. Some less conventional remedies: vitamins, oxygen inhalations, "a plate of kippered herring."

What do doctors prefer to drink? About 35 per cent favor bourbon; 20 per cent, beer; 14 per cent, Scotch; 11 per cent, gin. The rest are partisan to anything from cham-

pagne to vodka.

*Seventy per cent of all adult males are drinkers, according to the American Institute of Public Opinion, Princeton, N.J.



The Doctor's Personal Habits

Slightly over 7 per cent of the surveyed physicians say they've given up smoking in the last two years. (The usual formula: "I simply made up my mind to quit.") Some

9 per cent of the rest have cut down on it. And another 9 per cent have either switched from regular cigarettes to the filter-tipped variety, or to pipes.

[MORE ▶

As of this fall, the doctors' smoking stacks up this way: Fifty-five per cent do use tobacco. Of these, 80 per cent smoke cigarettes; 18 per cent, pipes; 16 per cent, cigars. And 2 per cent chew tobacco. (Some of the men, of course, enjoy the weed in more than one form—which explains why the above percentages total over 100.)

The cigarette smokers are almost evenly divided between those who smoke less than one pack a day and those who smoke more. But scarcely 6 per cent smoke over *two* packs daily. And nearly half now use cigarettes with filter tips.

Other personal habits? Here's a quick highlighting:

Driving: Three out of five doctors are fast—but not reckless—drivers: On a clear highway, they'll go over fifty-five. One-fourth of the doctors generally wash their own cars. That includes a few Cadillac-owners, too.

Bathing: A daily shower seems to be five times as popular as a more or less daily tub. After bathing, about half the physicians use deodorants, and about one-fourth powder themselves. Most unusual bathing routine: An Easterner says he always shaves while he's in the shower.

Sleeping: Two-thirds of the respondents share double beds with their wives. Only 6 per cent prefer separate rooms. And fewer than 2 per cent of the medical men sleep in nightshirts. More popular: pajamas (tops, bottoms, or both), 60 per cent; underclothes, 18 per cent; nothing at all, 17 per cent.

One representative of the latter group tells this sad story: "For twenty years, I always went to bed in the nude. But I invariably placed a clean pair of pajamas by my side, in case of fire. Then, one night, the house did catch fire. In the smoke and confusion, I couldn't find my pajamas—and I had to be rescued in the raw."

Gland Warfare

• A professional wrestler, middle-aged but still active in his chosen field, developed chronic prostatitis. When he came to me as a patient, I decided to give him a series of prostatic massages. After the first one, he stood up, shook his head in amazement, and said: "Doc, if you could teach me that hold, I'd be world champion in a week!"

-M.D., MISSOURI

This compares with almost 60 per cent of the adult male population, as reported by the American Institute of Public Opinion.



He makes his rounds

From Pole to Pole

• When a young doctor in private practice gets tapped by Uncle Sam for the second time in five years, he may feel thoroughly at sea. In the case of 31-year-old Murray Kahn, the description fits remarkably well: His latest tour of military duty has wafted him across the waters of the world from the South Pole all the way to the North.

In 1949-50, Dr. Kahn—a quiet, home-loving fellow with a wife and a small daughter—served a routine stint in the Navy Medical Corps. Then, after setting up as a G.P. in Teaneck, N.J., he was recalled in October, 1954—this time for eighteen months' duty. His assignment: ship's doctor on the 6.500-ton icebreaker Atka.

The Atka shuttles between the Arctic and the Antarctic. Last December, with Dr. Kahn aboard, it sailed on a five-month mission to the South Pole. There, in preparation for the big international geophysical expedition of 1957-58, it nosed alone along the icebanks of the polar continent in search of harbors and camp sites.

Dr. Kahn was responsible for the health of the ship's 275 officers, sailors, and civilian observers. "We were often thousands of miles from any outside help," he says. "Luckily, we never needed it."

The weather at the South Pole? Surprisingly mild, with temperatures ranging from one to thirty degrees above zero. "The cold was no problem," he says. "But one of my professional chores was coping with cases of sun glare. It was summer down there, you see; and the sun never set."

Better Health Than Home

In general, the Atka men enjoyed better health than usual during their stay at the Pole. Says the doctor: "Within a week after we left our last port, respiratory infections cleared up and contagion disappeared." But if tending the crew's health was pretty routine, tending a bevy of penguins wasn't. They were brought on board at the South Pole. As ship's doctor, Murray Kahn was asked for advice on the care and feeding of the birds. This was the regimen he improvised for them: a constant spray of cold water to control their temperature, and a diet of fish, shark meat, iodine, and vitamin tablets. "They were a lot more trouble than I anticipated," he comments. "I was certainly relieved when they were sent off to stateside zoos."

Inspecting the Icebox

Mostly, Dr. Kahn found the polar continent "an impressive, vast, desolate barrier of ice and snow 120 feet high, stretching as far as the eye could see." But the monotony of the landscape was punctuated by the tops of the radio towers of Admiral Byrd's Little America camps. The structures poked through ice that had piled up since Byrd's last visit, in 1946-48. Deeply buried was much of the Admiral's equipment—which the Atka men found intact.

"Believe it or not," says the doctor, "I found drugs and dressings in such good condition that I could have used them. I even found an otoscope in perfect shape."

Having seen the Antarctic, he would have been more than content to return to New Jersey permanently. But the Navy reassigned the Atka to waters within the Arctic Circle, and Dr. Kahn went along. He's up there now—dreaming, no doubt, of a green Christmas.

The Curious Case of the Springfield Clinic

By Thomas Owens

Here's a true suspense story of how one group's controversial innovation in rural practice started an intraprofessional dispute that's still smoldering five years later

 On Jan. 1, 1950, the Springfield Clinic—a thirteen-man group in Illinois—started a program that the doctors believed would launch a new era in rural medical care in that state.

In six small neighboring towns, the clinic opened branch offices. It did this simply by taking in as members of the group a number of G.P.s who were currently practicing in the towns. The Springfield doctors thought that, through such branch offices, they'd be able to extend the services of city specialists to country residents.

Now, five years later, nothing remains but the central clinic. The branches have withered away—shriveled in the heat of a bitter controversy that reached all the way up to the "supreme court" of organized medicine, the Judicial Council of the A.M.A.

The dispute centered about this question: Was it ethical for a clinic to operate branch offices in this fashion?

The clinic members believed, of course, that it was; but most other Springfield physicians disagreed violently. Their contention: The branch-office doctors were actually splitting fees with the main clinic.

Neither side could find any statement on branch-office practice in the Principles of Medical Ethics. So each made

prolonged efforts to get some such statement from the A.M.A. They failed. In the end, the clinic was forced to back down under penalty of censure by the county medical society.

That the lack of a guiding principle can cause endless confusion in such situations is clear from a review of the facts in the Springfield case.

Here's what happened:

The beginning: When the clinic opened its branch offices, it took the near-by G.P.s into the group on a part-time basis. They continued to handle their own practices as always; but they could also send complicated cases into the central clinic,



CHIEF PROPONENT of branch-office arrangement for group practice is Dr. James Graham of the Springfield Clinic. So far, though, ethical uncertainties have proved a stumbling block to his plan.

or arrange to have such patients seen locally by visiting clinic specialists. Furthermore, the branch doctors did most of the follow-up work.

The fee arrangement for the parttime doctors? Each man got a flat salary. And he also collected as an annual bonus a set proportion of the total sum his patients had paid to the clinic.

But this, charged a number of Springfield practitioners, was tantamount to fee splitting. They complained to the American College of Surgeons and to the state medical society; and their complaints led to a double investigation.

The A.C.S. decision: After a series of conferences lasting about two years, the A.C.S. ruled that branch practice by a clinic was ethical only if the branch doctors were full-time partners. All fees must be pooled, said the college; and all physicians must be paid only by the clinic.

So the Springfield group tried to reorganize its branches on that basis. Its efforts were only partly successful: Two of the branch offices agreed to the new set-up; the other four demurred, and were dropped.

Action by the state society: The A.C.S. statement might have cleared the air. But meanwhile the state medical society had requested a ruling from the A.M.A. Judicial Council. And instead of giving the council specific facts about the Springfield case, it had posed a hypothetical question: Were "kickbacks" from a clinic to individual doctors who referred patients to it ethical?

The Judicial Council, of course, answered this question negatively. "The situation described is unethical," wrote Dr. George Lull, secretary-general manager of the A.M.A., in a letter that the state society bulletin published early in 1952. And, since the bulletin gave no details of the society's query to the council, the inference seemed to be that branch offices for a clinic were now officially ruled out.

Unwilling to accept this as final, the clinic doctors asked Dr. Lull (a) to explain the meaning of his letter, and (b) to permit spokesmen for the clinic to appear before the Judicial Council at the A.M.A. meeting in December, 1952. Dr. Lull's reply satisfied them on both counts: He explained that his correspondence with the state society concerned a hypothetical case. And he invited

the Springfield group to send representatives to the A.M.A. meeting.

The meeting proved of little help, however. The Springfield doctors did argue their case before the Judicial Council; and, as a result, the council presented a resolution on branch offices for consideration by the House of Delegates. But the resolution was referred back for further consideration, and no official action was—or has yet been—taken by medicine's policy-makers.

Action by the county society: Even as the A.M.A. met, the situation continued to boil in Springfield. Local doctors formally requested that the county society's ethical relations committee investigate the clinic; and their request was granted.

In the ensuing, months-long investigation, the committee found no evidence of unethical practice—"unless," as Dr. Murray Rolens, its chairman, put it, [MORE ON 256]

MAIN CLINIC in Springfield, Ill., had six rural branch offices. But censure action by local medical society pruned all the branches.





Four Fifty Sutter

By Kenneth R. MacDonald

Curious about a doctor's life inside a citadel of private practice? Here's a profile of an edifice housing 477 physicians and dentists

SAN FRANCISCO

• "What in hell goes on in there?" my brother asked me the first time he saw the crowds outside the twenty-sixstory building that rises at 450 Sutter Street in this city. "Look at those people. They're lined up almost around the block! What's being given away—gold Cadillacs? Or Marilyn Monroe?"

My brother is from out of town. So I told him what most San Franciscans already know: that Four Fifty Sutter (to use its official name) is a medical office building.

"You mean to tell me," he protested, "that those people are all patients waiting to see their doctors?"

"Well, maybe not all of them," I admitted. "That third guy from the corner looks to me like a detail man."

"Now I get it," my brother said. "It's some kind of clinic."

But he was wrong. Four Fifty Sutter is no clinic. Nor, in spite of outward appearances, is it a temple-relic of the

ancient Mayas, uncovered in the heart of San Francisco. (It just happens to have been built in 1929, when the feathered-serpent columns and incense burners of the Mayas were architecturally in vogue.)

Every one of its 477 medical tenants—277 physicians and 200 dentists—is in private practice. Also located in the building is the headquarters of the California Medical Association, which occupies a wing on the twentieth floor. "It's the perfect place for our kind of operation," Executive Secretary John Hunton has told me.

No Room for Cultists

The medical men at Four Fifty Sutter cover almost every conceivable specialty and subspecialty. There are thirty-one psychiatrists, including one man who became stone deaf after World War II and who has since been experimenting with written psychotherapy. There are thirty general surgeons, sixteen orthopedic surgeons, seventeen ophthalmologists, fourteen OB men, fourteen dermatologists, forty-one internists, and so on. There are also forty G.P.s.

But there are no osteopaths or chiropractors. "If there were," says the building manager, Procter Flanagan, "I guess I'd be out of a job."

The only tenants who aren't physicians or dentists, he explains, are those in medically connected services—e.g., laboratory work or medical photography.

In this category come the operators of twenty laboratories, two dispensing pharmacies, a privately run telephone exchange for physicians and dentists, and a "radio message service" for relaying phone calls to doctors' cars. Obviously, just about everything in the building is geared to the medical man's needs. Even the juice bar and barber shop seem to have antiseptic overtones.

No S.R.O. Sign

Sometimes, though, the lobby seems more cinematic than medical. The first time I walked into the building from Sutter Street, I had trouble getting used to the idea that all the people there could be patients.

There were fifty to sixty people in line, waiting to get to the elevators. Among them I noticed a man with a bandage on his head, a boy with his arm in a cast, and a woman on crutches. But what really caught my eye were the maroon-velvet ropes, like those in the foyer of a theatre, pressing people into line and holding them back from the elevators.

I learned later that the lobby resembles a theatre only four days a week, between 1 and 3 p.m. That's when the ropes are put up.

The Rush Hours

"Those seem to be our busiest hours, when appointments are heaviest," Flanagan told me. "Then it really becomes hard to handle the thousands of visitors. But even dur-

PATIENTS IN DROVES flock into Four Fifty Sutter every weekday to see the 277 physicians who practice in this twenty-six-story "shrine of medicine." The daily average exceeds 8,000 persons. The lobby—gleaming with Mayan-inspired scrollwork—often becomes so crowded that ropes have to be set up to guide waiting patients to the building's eight elevators.

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FOUR FIFTY SUTTER



QUICK HAIRCUTS for physician-tenants are part of Four Fifty Sutter's usual service—at usual rates. The busy doctor, says the building manager, should have everything at his finger tips—even a manicurist.

ing rush hours, people seldom have to wait ten minutes in the lobby."

And it's a rare day, too, when patients have to wait on the sidewalk outside the building. But, as I've said, it happens. I've seen it. When I revisited Four Fifty Sutter not long ago, I watched a uniformed young woman draw back the plush ropes to let one queue of men and women push forward to fill an empty elevator. As she snapped the to or

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rope back into place, I half expected to hear her say, "Main picture going on in fifteen minutes."

Eight elevators kept the crowd moving fairly steadily. But the ranks of the waiting patients kept filling up, too.

Doctor in the House?

When I reached the elevators, pretty Marion Whelan, the head operator, told me that a man had just rushed up to her and said: "My wife's fainted outside. Is there a doctor in here?"

She estimates that about 8,000 persons a day stream in through the plate-glass doors from Sutter Street. And that figure doesn't in-

clude the building's 1,100 everyday occupants.

The tenants—and some patients, too—can avoid the crowded lobby by driving into the building. Its first seven floors on the Bush Street side are used as a public garage.

This eliminates parking problems for a good many of the doctors. I talked with one who has an office on the seventh floor. He drives up a ramp to that level, leaves his car with one of the attendants, and walks across the corridor to his office. If, later in the day, he has to leave on an emergency call, his secretary simply rings the garage. His car is ready for him when he arrives a moment later. [MORE]

EASY PARKING for doctors—and patients, too—is one of the conveniences that Four Fifty Sutter offers its medical tenants. The first seven floors on one side of the building are equipped to handle 800 autos a day. Some M.D.s can park across the hall from their offices.



Four Fifty Sutter was the dream of a San Francisco dentist, Dr. Francis Morgan. In the late twenties, he got the idea that private practitioners wanted an office building of their own. He polled every local physician and dentist. On the basis of the replies, he bought the Sutter Street site.

When he had enough commitments from medical men, Dr. Morgan engaged Miller & Pflueger, one of California's leading architectural firms, to design the building. What came off the drawing board cost \$4,-325,000 to build. (Just two years ago, the building was sold for \$6,-500,000 to a syndicate headed by Maxwell Abbell of Chicago.)

He Couldn't Wait

The first tenant was a surgeon, the late Stanley Mensor. He made sure he was first by moving in three months before the building was finished.

Flanagan recalls that Dr. Mensor had his furniture and equipment hauled up an open elevator shaft, because the elevators were not yet functioning.

Along with Dr. Mensor, 349 other physicians and dentists were listed in the first directory of tenants. Nearly 50 per cent of them are still there.

The only completely nonmedical tenant Four Fifty Sutter has ever had was the Bolivian consul, who rented an office for a year during the depression. "Every time the Bolivian flag was raised on the roof," Flanagan recalls, "we'd be flooded with calls from Nob Hill asking what that strange flag was."

Why M.D.s Like It

Why do physicians like Four Fifty Sutter? Probably because of its convenience—the fact that laboratories, pharmacies, and a wide variety of specialists are all right there. A common sight is the patient on his way from floor to floor with a white referral slip clutched in his hand.

The building has proved particularly convenient for five doctorbrothers. Each of them has a different specialty, and each once had a different address. Says one of the brothers, an EENT man:

"You can imagine how confused our patients used to be. Some of them were never quite sure which of us was which. So we decided to get together in one office. We rented 3,700 square feet in Four Fifty Sutter—and now our patients are saving shoe leather."

Recreation, Too

Besides its practical conveniences, the building offers its medical tenants a choice of recreational retreats—all reserved for medical men only.

For example, a doctor can take time out in the solarium-4,000 glassed-in square feet on the rooffor a sun bath or a workout on a rowing machine. Or he can drop int

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FOG-FILTERED SUNSHINE is provided free to physician-tenants. Four thousand square feet of glassed-in deck space are reserved on the roof for medical men only. The rest is up to San Francisco's notorious morning mists. The twelve-foot-high windbreak behind the sunbathing M.D.s is a copy of one on the Queen Mary.

into the Mayan Lounge on the third floor, where he can usually find a game of cards.

Such services pay off in terms of satisfied tenants, says Manager Flanagan, who's been with Four Fifty Sutter since the beginning. And he adds:

"The turnover is small. The established men stay on. But I've also seen a good many young doctors come in as subtenants. They pay \$75 a month to an older man, then gradually work their way up toward their own \$725-a-month suite."

When I was last in the building, I dropped in for a chat with a young urologist who'd graduated from the subtenant class. He'd recently moved into two small rooms of his own. Then, eight months later, he'd been able to afford a

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RELAXATION BETWEEN APPOINTMENTS: The doctor who can get away from his office usually finds a bridge game in the Mayan Lounge on the third floor. This room reserved for medical men is another example of the facilities Four Fifty Sutter offers physicians. It's available in the evening for meetings of specialty societies and other medical groups.

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PATIENTS' COMFORT is another distinguishing feature of this office building for men in private practice. In sharp contrast to Four Fifty Sutter's Mayan design is the decor of doctors' reception rooms like this one—strictly Twentieth Century American. This room is part of a 1,450-square-foot suite shared by two doctors. It rents for \$525 a month.



suite of five rooms at about \$200 a month.

"At first," he told me, "I felt like a bee in a massive hive. I kept wondering where all those people in the lobby were headed. They certainly weren't coming to me."

Inside Referrals

But now he's over the hump. He sees enough patients to keep him busy, including about eight new ones a week. His explanation of his progress: "Referrals from other doctors right here in this building."

As befits one of the largest buildings in the U. S. devoted primarily to private practice, medical legends have grown around Four Fifty Sutter. One of them goes this way:

A 'stranger wandered in from Sutter Street in search of a haircut. Before he could get out, he had lost his tonsils and discovered that he was allergic to his pet parakeet.

True? All I know is I had no trouble finding my way out of the building, past the Mayas' feathered version of the caduceus. And I still have my tonsils.



The Texas DoctorFac

EDITOR'S NOTE: One evening about eighteen months ago, a reporter for this magazine was flying to Chicago to cover a medical meeting. He struck up a conversation with the man in the next seat, who turned out to be a doctor from Texas.

"I guess everything's pretty special in medicine down your way," said our man, who'd never been to Texas.

"No, Son," drawled the doctor. "There's nothing special about Texas. Or about Texas doctors. You've been taken in by a pack of myths dreamed up by the popular magazines."

So saying, the Texan crossed his legs, displaying a pair of ornately tooled cowboy boots, then pulled his five-gallon Stetson over his eyes and fell quietly asleep.

Which gave the more accurate tip-off on Texas medicine: the doctor's words or his garb? In search of the answer, three members of the MEDICAL ECONOMICS staff have visited the major sections of the state. In addition, 514 Texas physicians have responded to a unique mail survey. The results of this research appear in the following article.

Of Fact vs. Fable By Mauri Edwards

• If you can believe what you hear: The typical Texas physician drives two air-conditioned Cadillacs. He grosses up to \$1 million a year from the combination of his practice and the oil rig in his back yard. He was born in Texas and he will die in Texas. He's a rugged individualist who waxes wroth at "those bureaucrats in Washington," He looks like Gary Cooper in "High Noon."

Subjected repeatedly to the Lone Star legend, the non-Texan probably takes too much of it for granted. He's often abetted in this by the Texan himself, who enjoys spreading tall tales even while insisting that they are merely tales.

The truth seems to be that Texas isn't the phenomenon its publicists claim it to be. Yet it is different from most of the country. And so are many of its medical men and their practices.

Let's separate the facts from the fiction. In so doing, we'll discover what it is that gives Texas medicine its own special glow.

Do most Texas doctors really drive air-conditioned Cadillacs?

Among the Texas physicians polled by this magazine, only about 6 per cent make their rounds in Cadillacs. Among a national cross-section of physicians, the figure is 8 per cent.

It's true that some Texas medical men own two or three Cadillacs. One even admits to having five. But in Texas, as in the rest of the U.S., the Ford seems to be the typical



OIL AND COTTON RICHES donated by Roy Cullen, Jesse Jones, and M. D. Anderson, among others, helped build the Texas Medical Center in Houston.

doctor's car. And if Texans go in rather heavily for air conditioning: "Well, so would you," says a Houstonite, "if you had to go through one of our summers."

Texans are often as reticent about displaying their prosperity as are dwellers in other states. Dr. Everett C. Fox, a Dallas dermatologist, recalls the time two physician-friends bedded down in his home while attending a medical meeting. Both drove air-conditioned Cadillacs. But both were from out of state.

"Listen," Dr. Fox told them, his eye on the cars at the curb, "you're welcome to eat and sleep here. But for Heaven's sake, park those Cadillacs around back, so no one will get ideas about me."

Is the Texas doctor really an economic giant?

A Texan was asked—or so the story goes—what he'd do if he found a million dollars in the street. Would he keep it or give it back?

"It depends," he replied. "It depends on whether the guy who lost it was a rich millionaire or a poor millionaire."

What They Earn

The term "rich millionaire" fits several Texans, one of whom—not a doctor—is said to take in a million dollars a day. The term "poor millionaire" fits some others, including two doctors who live in the same small town. But the doctors' millions come from inheritance, marriage, or investments—not from medicine.

According to MEDICAL ECONOMICS' last income study, the typical Texas physician, practicing inde-

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pendently, nets \$14,147 a year from practice. While this figure is above the national median, it's well below the medians in such other states as Illinois, Kansas, Kentucky, Michigan, North Carolina, Ohio, and Washington. Average fees in Texas are \$3 for an office visit, \$5 for a daytime house call, \$7 for a night call. It takes a long time to make a million dollars at those prices.

Of course, fees in cities like Houston and Dallas run well above aver-

age. Enough doctors there earn fifty or sixty thousand dollars a year to keep alive the myth of the moneyed medico.

It's also a fact that the fabulous quality of the state sometimes rubs off on its medical economy. A rural G.P., for example, tells of having flown his own airplane to the ranch of a wealthy cattleman. "The patient needed extensive care," says the doctor, "so I flew him back to my hospital. After two weeks of treat-



FIRST HOSPITAL IN TEXAS was the Alamo mission, built in 1718. The top floor of the near-by Medical Arts Building in San Antonio houses its modern-day counterpart.

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THE TEXAS DOCTOR: FACT VS. FABLE

ment, I decided I needed consultation. Mayo's seemed to be the place to go, so I flew the rancher up to Rochester." Under these circumstances, the physician's combined bill for professional and flying services was perhaps understandably high.

Another pay-off occurred after a Dallas surgeon did an appendectomy on a woman whose husband was broke. "He couldn't pay my usual fee," the surgeon reports. "So he gave me a royalty on a wildcat oil well. And the darned thing produced a gusher!"

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But a few fabulous fees don't change the state-wide pattern. Nor do they disguise the fact that even in Texas many an M.D. feels the economic pinch.

"Some doctors here can barely make ends meet," declares a Houston internist. "Too many Yankees moving in, I guess. Our population is growing about 5 per cent annually; but every year there seem to be at least 10 per cent more physicians."

Ten Texans

MEDICAL ECONOMICS' survey of Texas physicians concluded with this question: "What colleague of yours strikes you as the most typical Texan?"

The editors expected that the results might indicate something about the nature of Texas medicine. They did—in an unexpected way:

Hundreds of medical men answered the question. And with only isolated exceptions, no two of them named the same individual as typifying Texas medicine.

There you have fresh evidence of the state's special flavor. And here's more: a pictorial cross-section of the doctors named. Collectively, if not individually, the ten men pictured on these and the following pages epitomize the scope, the variety, the vitality of Texas medicine today.

If you listen to legend, of course, you know that the typical Texan doesn't need much income from his practice. For doesn't he have oil spouting right in his own back yard?

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Well, we've come across one Texas doctor who has three oil wells on his land. He says he plugged up one of them "because it was so close to my house that the noise of the pumps bothered me." As for the other two wells, "I've never made more than \$11 a month out of either of them."

Actually, not more than one Texas doctor in ten has put his spare cash into oil investments. Some of these men have made killings, it's true. But most of them, like the one just mentioned, get a burp of oil, a lot of salt water, and a king-size headache.

Another 8 per cent of Texas doctors say they have cattle holdings. Among the more unorthodox investors, one owns a Shetland pony farm and another is half-owner of two shrimp boats. But most Texas doctors who invest at all (and more



SMALL-TOWN DOCTOR who made good in a big way is F. J. L. Blasingame. He does general practice and some surgery in Wharton (pop. 4,500). At 48, he's already a past president of the Texas Medical Association; he's also the youngest A.M.A. trustee.



COW-COUNTRY PIONEER: The morning a reporter visited Clarence M. Cash, the 91-year-old San Benito physician had already made three house calls. He's delivered three generations in some families, once treated the victim of a Texas train robbery.

THE TEXAS DOCTOR: FACT VS. FABLE

than half don't) put their earnings into such unromantic things as stocks and bonds. And their investment returns provide, in the main, only a minor fraction of their incomes.

Was the typical Texas doctor born there? And will he die there?

"The most typical Texan I've met is a G.P. who was born and bred in Kentucky," says a report from a MEDICAL ECONOMICS researcher who spent ten days in the state while interviewing more than 200 of its medical men. The report continues:

"This ex-Kentuckian is about 6'3". He weighs 200, is rawboned, dresses like a cattleman, and tells some great tales. They probably sound like the real thing to the non-Texans he tells them to. But he confided to me that he'd heard most of them back home in Kentucky.

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"He couldn't quite pass for Gary Cooper, though he comes closer than most Texas doctors do. They're as given to paunch as New Yorkers are. In fact, most M.D.s in Texas just look like people. Sorry!"

TEN TEXANS



entrepreneur: The biggest and best-known laboratory service in Texas is provided by the Terrell Laboratories, owned by Dr. Truman C. Terrell of Fort Worth. This 65-year-old pathologist frequently represents his state at medical meetings the country over.



Arthur Grollman was lured away from a Johns Hopkins teaching post to become Professor of Experimental Medicine at Southwestern Medical School, Dallas. At 54, he's well known outside the state for his work on hypertension. About 40 per cent of the surveyed Texas doctors admit they were born outside the state. They've come principally from the South and Midwest. World War II started the big influx. Many who served in the Army in Texas married local girls and settled down there. And the opportunities Texas offers—or the lure of the Lone Star legend—have kept medical immigration high ever since.

While the typical Texas doctor may not have been born there, it's a fact that he plans to die there. Whether native or non-native, the state's average medical man has no intention of relocating elsewhere. There are too many inducements to stay. For example:

Hospitals are open. ("There's no monopoly here," says a transplanted Iowan. "Practically anybody with training can get into a hospital.")

¶ Starting a practice is easier. ("I netted \$9,000 my first year," says a former New York dermatologist. "I couldn't have done nearly so well at home.") [MORE ▶



TALL-TALE TELLER: Dr. Rex Z. Howard of Fort Worth spreads the gospel with his best-selling "Texas Travel Tourist Guide" and "Texas Guidebook." Item: One Texas highway is paved with, among other things, \$22.000 worth of gold—plus some silver.



COUNTRY PSYCHIATRIST: Soon after Dr. George A. Constant, 35, took his specialty into the town of Victoria (pop. 20,000), he was cited by the Texas Junior Chamber of Commerce as one of the five outstanding young men in the state. He came there from Illinois.

THE TEXAS DOCTOR: FACT VS. FABLE

¶ The G.P. has leeway. ("Back in Ohio," says a family doctor, "the specialty boys were reducing us to the status of first-aid men. Here I do everything.")

¶ Medicine is progressive. ("Texas does more medical pioneering than either Europe or the whole Eastern U.S.," boasts a relocated Austrian.)

¶ Life is easy. ("I find competition light," says a former Illinois general practitioner. "There are no night office hours down here. My

colleagues are congenial. It's fun to live and make a living in a vacation state.")

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For such reasons, Texas attracts not only young doctors but established men too. Take a case in point: The present dean of Baylor University College of Medicine, Dr. Stanley W. Olson, formerly served as assistant director of the Mayo Foundation and as dean of the University of Illinois College of Medicine. He says he's in Texas to stay "because I like it here, and because there's tremen-

TEN TEXANS



G.P. OF THE YEAR in 1953, John M. Travis of Jacksonville owns the second largest private hospital in the state. It has 160 beds, cost \$2 million, and was financed entirely by him and his associates. "If I had to go to the Government for funds," he says, "Td quit."



ONE-MAN MAJORITY: Dr. Milford O. Rouse of Dallas was the only member of an A.M.A. reference committee to vote "No" on further cooperation with osteopaths. His vigorous dissent won over most delegates, now stands as the A.M.A.'s official policy.

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dous progress being made in medical education."

Whatever the individual immigrant's reasons, it's clear that Texas is enjoying a great medical boom. Just before World War II, there were 6,500 doctors in the state; to-day there are more than 8,500. And most of them seem set to stay.

How rugged is the individualism of Texas physicians?

Here the evidence points just one way. Some samples:

¶ Doctors across the country di-

vide almost evenly on the question of Social Security for professional men. But 83 per cent of the Texas doctors queried say they're dead set against it. Typical of many violent comments is this one: "Social Security is legalized thievery!"

¶ The Texas political tradition is clearly Democratic. Yet only 5 per cent of the doctors who replied to the MEDICAL ECONOMICS survey voted for Adlai Stevenson in 1952. His emphasis on Federal rights, and Eisenhower's emphasis on states'



MEDICAL-CENTER MAN: Gynecologist Denton Kerr, one-eighth Cherokee Indian, shares a customdesigned office building with more than 150 other Houston physicians. They're part of the oil-rich Texas Medical Center, and they're putting it on the medical map.



TYPICAL TEXAN might well be Dr. Tate Miller of Dallas, widely known as the "Will Rogers of Medicine." Though a certified gastroenterologist, he calls the certification system "mostly egotistical bunk," has campaigned vigorously for the family physician.

rights, were apparently what made the big difference.

¶Texans even scorn Federal aid for hospital construction. Quite typical is the case of Baylor University Hospital in Dallas, which recently completed an \$8 million building without accepting any Hill-Burton money. "Down here," says Dr. Everett Fox, "we believe the Federal Government has no damn business doing what we can do for ourselves."

The Houston Story

Perhaps the best single illustration of this do-it-yourself tradition is the Houston story. Since oil was discovered at Spindletop in 1901, Houston has grown from a ramshackle town into the South's greatest metropolis (850,000 pop.). Individually and collectively, Houstonites are used to doing things their own way—without interference.

How does this affect medicine? Well, Houston wants the best. And during World War II, it embarked on a multi-million-dollar campaign to get it.

By waving oil money under the noses of key officials, Houston persuaded Baylor's medical school to move there from Dallas. Then the city began to build the South's biggest medical center. When completed, it will have cost \$100 million. It already has what its heads describe as the world's most modern cancer research hospital.

Houston has also attracted top doctors from other parts of the coun-

try. In 1947, the Harris County Medical Society had 600 members; it now has 1,200.

But in moving forward, Houston medicine has often battled outside influences. One such influence was the Red Cross. Houston doctors fought a long war to keep it from setting up a blood program in their city. In so doing, they ruffled the feathers of a then Red Cross director who was also publisher of the Houston Post: Oveta Culp Hobby. When Mrs. Hobby later became Secretary of Health, Education, and Welfare, Houston doctors fought her Federal policies too.

Another part-time Washingtonian to feel Houston's fire was Dr. Paul B. Magnuson. When he and his troupe of health investigators toured the nation a few years ago, they were received coolly by doctors in most areas. But in Houston the door was slammed shut in their faces.

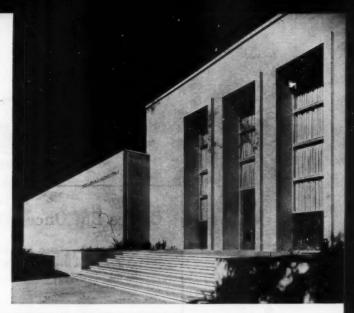
As Dr. Magnuson told it: "We fixed upon the city of Houston for the hearing. Before we had even publicly announced the site or date, the county medical society in Houston blasted our commission and announced that it would oppose the hearing because 'it would be so full of error as to be harmful rather than helpful'..."

Dr. Magnuson eventually managed to hold a health hearing in Dallas. But even there, most of the medical witnesses came from outside Texas.

Even in little ways, the frontier

spiri from Texa work he'd call o

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THE LAST WORD in state medical society headquarters is this one at Austin, Tex. It cost three-quarters of a million dollars.

spirit persists. For example, a C.P. from Ohio recalls his first day in a Texas oil town. He'd gone there to work for an older doctor; and before he'd even unpacked, an emergency call came in from the oil fields.

Emergency Equipment

The older doctor dispatched his new assistant to the scene and sped him on his way by lending him his own medical bag. "When I got there and opened the old man's bag," says the ex-Ohioan, "I found just three things inside: a stethoscope, a prescription pad, and a .45 caliber pistol."

Consider the unusual proportions of Texas medical offices. Although precise comparisons are difficult, it's likely that offices there run bigger than almost anywhere else. This may be because Texans think bigger; it may also be because land is cheap, at least outside the large cities.

Not unusual are the following examples:

In Port Arthur, one EENT man has 1,237 square feet of floor space divided into nine treatment areas. Two Gatesville G.P.s share 3,000 square feet of space.

Ten young [MORE ON 234]

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Comes But Once a Year

Christmas! Peace on earth, goodwill toward men. Well, plenty of goodwill for the doctor, but not so much peace . . .



Bonus time



Dreaming of a white Christmas

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with boughs of holly



"Mrs. Teedlepod wants her baby to be born on Christmas day."





"Did you mail the Christmas cards, dear?"

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WELL-TOLERATED—Specific local analgesic action is confined to the urogenital mucosa. Pympium may be administered concomitantly with the sulfonamides or antibiotics to provide relief from pain in the interval before the antibacterials can act.

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REFERENCE: 1. Kirwin, T. J., Lowsley, O. S., and Menning, J.: Am. J. Surg. 62:330-335, December, 1943.

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Must Staff Meetings Have Captive Audiences?

By A. J. Allenby, M.D.

As a hospital administrator, this writer hails the new Joint Commission rules guaranteeing good attendance at staff meetings. But as a physician, he's fighting mad

• Like any other hospital administrator, I rub my hands with professional pleasure when I see 80 per cent of the medical staff herded into the meeting room. But afterwards I remember that I too am an M.D., and that I was once in private practice.

That's when I wonder what's happened to my medical colleagues. Have they fallen so low that hospital administrators can make them jump through hoops?

The doctors' evident fear of missing a staff meeting may gratify me as an administrator; but it humiliates me as an M.D. When I watch the staff men signing the book, I can't help being reminded of schoolboys afraid of the truant officer.

And who put this ring through the medical man's nose? The Joint Commission on Accreditation of Hospitals.

This curious master is the doctors' own creation. It's made up of delegates from five organizations, only one of which—the American Hospital Association—is lay-dominated. The A.M.A., the American College of Surgeons,

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THE AUTHOR describes himself as a "split personality"—a physician who views hospital problems from the dual cantage point of a current administrator and a former private practitioner. He writes here under a pen name. His opinions do not necessarily reflect those of the editors.



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the at le the American College of Physicians, and the Canadian Medical Association are the others. So you (and I, as a doctor) needn't try to blame the administrators for what's happening.

Latest Bulletin

I've been goaded into making these remarks by the latest ukase of the Joint Commission: its recently issued Bulletin No. 9. This demands that the hospital fulfill "the medical staff meeting requirement" by adopting one of the three following routines:

1. Monthly meetings of the entire active medical staff: or

Monthly departmental meetings, and quarterly meetings of the entire active staff; or

3. Monthly (or more frequent) review of the clinical work by the medical records and tissue committees, plus monthly meetings of the executive committee of the medical staff in addition to quarterly staff meetings.

'Not Less Than Twelve'

Furthermore, to clear up "confusion and misunderstanding," the bulletin insists that there must be "not less than twelve" of "the regular monthly meetings as described in choices 1, 2, or 3... in each calendar year." And to make sure that such meetings are well attended, it says:

"It is expected that members of the active medical staffs shall attend at least seventy-five per cent of these official meetings, unless excused by the Executive Committee...for such exceptional conditions as sickness, absence from the community or ... medical emergencies."

Finally, the new edict emphasizes that meetings must be held even "during the summer vacation months"—with, I take it, 75 per cent attendance. Yet I doubt whether the Commission itself has 75 per cent of its members at its meetings, especially during the summer. The Commission members are important and busy people. Staff doctors are just ... well, you know.

Joint Meetings Are Out

Common sense would indicate joint meetings of hospital staffs, in order to cut down on the dreadful time-drain produced by multiple meetings. For instance, in the average two-hospital city, the staffs of the hospitals overlap. So it would seem practical for Hospital A and Hospital B to alternate, one holding the meeting in its building one month, the other the next month, and so on.

But the Commission will permit no such thing. Says the bulletin bluntly:

"This is not acceptable, for it defeats the prime objective of a medical staff meeting."

So the large group of doctors affiliated with both hospitals has to be herded into two meetings a month, when one would do. Why? Is the Commission determined to prove its

CAPTIVE AUDIENCES AT STAFF MEETINGS?

power even at the cost of efficiency?

Naturally, the Commission is aware that such strict regulations have their repercussions. "Numerous complaints," it confesses in its latest bulletin, "have been voiced by the medical profession concerning the hardship of forced attendance at medical staff meetings of several hospitals."

Good for the Commission! So its members have finally recognized that they're making it tough for doctors!

But before you applaud, just take a look at their solution of this problem:

The trouble is, says the bulletin, that "many physicians accept an impracticable multiplicity of active staff memberships. There is a growing feeling...that a physician should limit his active staff appointments to no more than two hospitals." [MORE]

Doctors on the Picket Line



• Inside hospitals, young doctors on the house staff are apt to grumble about their low pay. But these Bronx (N.Y.) medical men have taken their complaints outside. Almost twenty off-duty internes and residents are shown offering handbills to passers-by. Excerpts: "The house physicians of Montefiore Hospital have attempted for many years to achieve the modest goal of a living wage. We consider it so important to our training, our ability to practice good medicine, and our right to maintain a family, that we are compelled to present this problem to the community." The doctors' goal: an increase from \$40 to \$175 a month for internes, plus smaller raises for residents.

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... as a tranquilizing (ataractic*) agent in anxiety and tension states ... in hypertension

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In hypertension, Raudixin produces a gradual, sustained lowering of blood pressure. In addition, its mild bradycardic effect helps reduce the work load of the heart.

- Less likely to produce depression
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- · Causes no liver dysfunction
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Supply: 50 mg. and 100 mg. tablets, bottles of 100 and 1000.

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*Ataractic, from ataraxia: calmness untroubled by mental or emotional excitation. (Use of term suggested by Dr. Howard Fabing at a recent meeting of the American Psychiatric Association.)

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Because it contains Steclin (Squibb Tetracycline), MYSTEC-LIN is an effective therapeutic agent for most bacterial infections. When caused by tetracycline-susceptible organisms, the following infections are a few of those which can be expected to respond to MYSTECLIN therapy:

bronchitis · colitis · furunculosis · gonorrhea · lymphadenitis · meningitis · osteomyelitis · otitis media · pneumonia · pyelonephritis · sinusitis · tonsillitis

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highly effective in monilial infections of the skin 100,000 units of Mycostatin per gram. 30 Gm. tubes,

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| Folic acid | 0.25 mg. |
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Recommended Dosage: 1 or 2 Pentids Tablets t.i.d. % hour before meals.

Supply: 200,000 units of buffered penicillin G potassium per tablet—in bottles of 12 and 100.

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Recommended Dosage: contents of 1
or 2 capsules in 2 ounces fruit juice,
milk, formula or similar vehicles t.i.d.
% hour before meals.

Supply: 200,000 units of soluble, unbuffered unflavored penicillin G potassium per two-piece capsule—in bottles of 24 and 100.

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158 MEDICAL ECONOMICS - DECEMBER 1955

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SEDATIVE 1/2 to 1 3 times

SOMNIFA 1 to 2 to time. Ma spoonfuls

> BATT 4026

ADD

CAPTIVE AUDIENCES AT STAFF MEETINGS?

There's the ultimate in pious arrogance! This self-created administrative mastermind now tells you how many hospitals you may be affiliated with. The number is two.

Belong to four hospital staffs, and you'll be spending about forty evenings a year in "forced attendance" at meetings. So what can be done about it? Why, answers the Commission, you need merely give up a couple of your staff appointments.

In a city near mine, there are three hospitals. One is a city hospital with an all-ward service. Another is a Catholic hospital. The third is a general community hospital. Most of the local practitioners affiliate with all three.

As I see it, that's good medicine. It offers patients a varied network of resources. And it enriches the doctors' professional experience through varied contacts.

But the Joint Commission rules it out. Give up one of the appointments, it advises.

How bossy can our own created ruler get?

Mere Hired Hands

For decades, doctors have been grumbling about hospital domination. But such proclamations as those in Bulletin No. 9 constitute a bold step toward changing the hospital from a physician's workshop to a bureaucratic sweatshop. If doctors

DOD SEDATIVE FOR "NERVES" FOR INSOMNIA BROMIDIA relieves nervousness in 15 minutes and induces "physiological sleep" lasting 8 hours. BROMIDIA is a synergistic combination of chloral hydrate, potassium bromide and ext. hyoscyamus. No barbiturates. SEDATIVE DOSE : 1/2 to 1 teaspoonful up to 3 times daily. SOMNIFACIENT DOSE : 1 to 2 teaspoonfuls at bed-time. Maximum dose, 3 teaspoonfuls daily. Supplied in 4 fld. oz. NO BARBITURATES and pint battles. Test BROMIDIA yourself . Mail the coupon BATTLE & COMPANY ME 12 4026 Olive Street, St. Louis 8, Missouri. Please send me professional literature and sample of BROMIDIA. ZONE STATE _____

CAPTIVE AUDIENCES AT STAFF MEETINGS?

let the Joint Commission get away with this, they *deserve* to be converted into hired hands.

Of course, one-half of me applauds what's being done. After all, I'm a salaried administrator who used to feel inferior to the clinician. He handled human beings, while I handled paper. So I always suspected he was doing more important work.

Scare Value

Now, with this new authority, the administrative half of me feels better. I can scare the doctors into attending meetings, and I can call them to heel as I call the roll. It's wonderful for my ego.

Still, since I'm also a doctor of

medicine, I can't help feeling a bit sad. Why, I wonder, doesn't the Joint Commission use its vast powers to stop the hospital practice of pathology, physiatry, roentgenology, and anesthesiology? That would help the practitioner.

But helping the practitioner is a task in which the Commission appears to have little interest.

How grim the jest, how pointed the irony! The medical man, heir of Aesculapius and Hippocrates, is the end result of two milleniums of study. He's the one man who is daily trusted with the powers of life and death. But all this glory and honor are now placed in an individual who must meekly say "here" when the Commission calls the roll. END

Chinese Art

• Back when American doctors still ran Chinese hospitals, a Chinese servant came into St. Luke's, Shanghai, with a fractured left wrist. The resident in surgery applied a cast about twice the normal weight. "Come back in a month," he told the Chinaman, "and we'll take it off for you."

The patient reappeared on the proper day, and the same resident set to work on the cast. It was a hard struggle. Finally the patient said, "Here, Doctor"—and calmly proceeded to remove the cast by slipping his hand through.

To the resident's amazed question, he replied that in order not to get the cast dirty, he had been taking it off every night when he went to bed.

—RALPH GOLD, M.D.

PATIENTS ON "MEDIATRIC" CAN LOOK FORWARD TO A HEALTHIER, HAPPIER "SECOND FORTY YEARS"

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"... the best time to prepare for old age is in the full vigor of maturity..."*



IN THE 40's AND 50's

prospects for an even better "second forty years" will be brighter if timely measures are taken to delay the onset of functional impairment. Constructive therapy employing "Mediatric" will help prevent atrophic changes due to declining gonadal function and faulty eating habits.



IN THE 60's AND 70's

continued health and vigor depend largely on the patient's ability to resist internal and external stress. "Mediatric" will prove most valuable in helping to correct three major causes of stress: gonadal hormone imbalance, nutritional inadequacy, and emotional instability.



IN THE 70's AND 80's

the years are mellow and serene for the patient who is protected from the infirmities caused by functional damage. For this purpose, "Mediatric" will aid in maintaining strength, improving health generally and restoring emotional balance.

*Johnson, W. M.: Maryland State M. J. 1:582 (Dec.) 1952. Aging patients require nutritional supplementation, not only to correct deficiencies, but also to enhance the effect of steroid therapy.

After 40, digestion is often impaired, failing appetite may reduce the normal food intake, and a preference for softer, highly refined foods may develop. As a result, vitamin deficiencies and low grade anemias are "almost the rule." 1 Nutritional supplementation is therefore indicated to insure an adequate diet. The addition of B and C vitamins is particularly important because they are water-soluble hence easily destroyed in foods and not readily stored in the body. Nutritional supplements also act as catalysts in the maintenance of basic enzyme systems and serve to increase the effectiveness of steroid therapy.²

Many important benefits have been reported from the use of steroid therapy in the aging. Estrogen and androgen employed together enhance bone and protein metabolism,³ restore muscle tone and coordination,⁴ increase the tensile strength of the skin,⁵ and improve mental as well as physical health.⁶ The opposing action of the two steroids on sex-linked tissues minimizes the incidence of undesired side effects.

The mild stimulation provided by an antidepressant in small doses also plays an important part in preventive geriatric therapy by helping to overcome the depressive tendency to which the aging are so often subject.

"MEDIATRIC"

Steroid-Nutritional Compound

IN PREVENTIVE GERIATRICS

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"MEDIATRIC" PROVIDES A CONSTRUCTIVE APPROACH TO BETTER HEALTH FOR THE AGING PATIENT



 ${\tt STEROIDS}\dots$ to counteract declining sex hormone function NUTRITIONAL SUPPLEMENTS \dots to meet the needs of the aging patient

plus A MILD ANTIDEPRESSANT . . . to promote a brighter mental outlook

Average dosage:

Male-1 capsule or 3 teaspoonfuls daily, or as required.

Female—1 capsule or 3 teaspoonfuls daily, or as required, taken in 21 day courses with a rest period of one week between courses.

"MEDIATRIC" Capsules

Each capsule contains:

| Conjugated estrogens equine ("Premarin" e) 0.25 mg | |
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| Methyltestosterone 2.5 mg | |
| Vitamin C (ascorbic acid) 50.0 mg | |
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| Vitamin B12 with intrinsic factor concentrate | Ł |
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| Brewers' yeast (specially processed)200.0 mg | |
| d-Desoxyephedrine HCl 1.0 mg | |
| No. 252 - bottles of 30, 100, and 1,000. | |

"MEDIATRIC" Liquid

Each 15 cc. (3 teaspoonfuls) contains:

| men to cer (o composition) contents. | |
|---|----------|
| Conjugated estrogens equine ("Premarin"e) | 0.25 mg. |
| Methyltestosterone | 2.5 mg. |
| Thiamine HCl (B1) | 5.0 mg. |
| Vitamin B ₁₂ | 1.5 mcg. |
| Folic acid U.S.P. | 0.33 mg. |
| d-Desoxyephedrine HCl | 1.0 mg. |

Contains 15% alcohol

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5541

How Partnership Tax Laws Have Been Changed

By John C. Post

They're more specific than they used to be. And the changes are important to doctors who are thinking of going into partnership, as well as to doctors already in

 Physicians in partnership—and those now considering combined practice—had better brush up on Federal income tax regulations. Reason: The partnership provisions of the 1954 Internal Revenue Code go into full effect in 1956.

In one respect, at least, the new law is more than welcome: It clarifies what used to be a welter of indecisive Revenue regulations. This new clarity should eliminate many of the legal uncertainties—and consequent risks that sometimes made solo practitioners decide against combining their practices.

Because the rules are spelled out as never before, the wording of the partnership agreement has become doubly important. So if you're now a partner, take a new look at your written agreement. If you're planning a partnership, make sure the basic document is drawn to permit maximum benefits under the new tax rules.

Perhaps most important of the new regulations are those covering (1) the value, for tax purposes, of property contributed to a partnership; (2) the arrangement for sharing capital gains and losses; and (3) the tax status



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TROCHES

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PARTNERSHIP TAX LAWS

of money paid a retiring partner. Let's consider each of these in turn:

1. Contributed property: How do you decide on the value of any real property that a partner-to-be puts up? Says the 1954 Internal Revenue Code: Use the "adjusted basis" value, not the market value, of the contributed property.

To arrive at the "adjusted basis" value isn't difficult. You start with the property's original cost. Then you add the cost of any capital improvements. Finally, you subtract the amount the contributing partner has already taken in depreciation deductions on the property.

The result-the "adjusted basis" value-becomes important when you want to compute capital gains or losses later on. The Revenue Code says something about these, too:

Missing Clause

2. Capital gains and losses: Most existing partnership agreements don't specify how capital gains and losses are to be allocated. They simply specify how profits from practice are to be divided. But under the new regulations, that's not enough.

Why not? Because, in the absence of a capital-gains clause, the Treasury can now assign to each partner the same share of the partnership's capital gains and losses as his share of the partnership's regular income. So a doctor who gets 50 per cent of the profits from practice might have to pay taxes on 50 per cent of all capital gains, too. [MORE >

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In this new volume, MEDICAL ECONOMICS has assembled its complete, step-bystep course of instruction for the physician's aide. Sixteen chapters cover such topics as:

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hard to harness...

It is often difficult to slow the pace of a "high powered" patient, but it is possible to provide gratifying relief when nervous tension results in gastric distress. Consider BiSoDoL Mint: for these patients. BiSoDoL combines Magnesium Hydroxide, Calcium Carbonate, Magnesium Trisilicate to provide a well balanced combination of antacid alkalizing agents. BiSoDoL Mints assure freedom from constipation or diarrhea often associated with other types of antacids.



WHITEHALL PHARMACAL COMPANY . NEW YORK, N. Y.

164 MEDICAL ECONOMICS DECEMBER 1955

PARTNERSHIP TAX LAWS

This could work a hardship on one or more of the partners. Let's see how:

Suppose Dr. Senior has contributed a building with a market value of \$20,000 (and an "adjusted basis" value of \$10,000). Suppose Dr. Junior has matched this contribution with \$20,000 in cash. And suppose their partnership agreement says that profits from practice will be divided equally between them (it says nothing about capital gains).

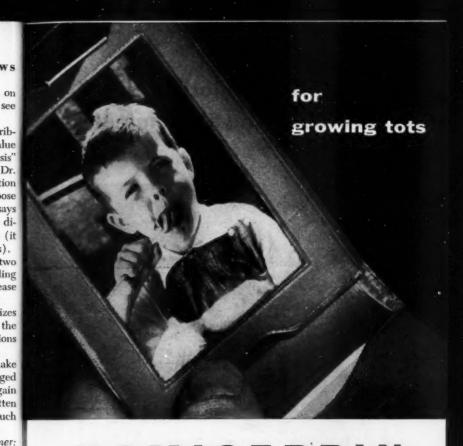
What happens, then, if the two doctors are able to sell the building at its market value and to lease larger quarters?

Legally, the partnership realizes a \$10,000 capital gain. And the Government assigns equal portions of the gain to each doctor.

Obviously, Dr. Junior didn't make a penny on the deal. Yet he's obliged to pay taxes on a sizable capital gain—all because there was no written provision for the allocation of such sums.

3. Payments to a retiring partner: Any sum such a doctor receives for his capital interest in the partnership is taxed as a capital gain or loss. (This doesn't necessarily apply when a deceased doctor's estate sells his interest. The regulations in such cases are extremely liberal.)

But suppose the retiring doctor is paid an extra amount as his share of outstanding accounts. Is this also a capital gain? No, says the new law: It's ordinary income to the doctor, and fully taxable as such. [MORE]



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offers a new, improved formula

New 'Homicebrin' now contains eight essential ingredients. It offers the growing youngster more complete vitamin protection for healthy growth and development . . . at no increase in price. Of course, new 'Homicebrin' still retains the same delightful flavor. Eli Lilly and Company, Indianapolis 6, Indiana.

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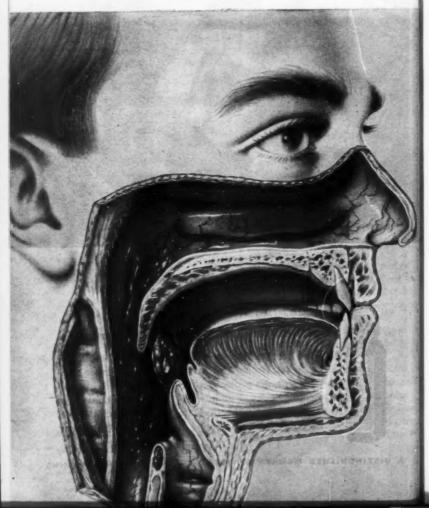
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Most useful antibiotic for the most prevalent infections.



ILOTYCIN

FRYTHROMYCIN LILLY

Over 96% of all acute bacterial infections of the respiratory tract are caused by organisms highly sensitive to 'llotycin.'

The most effective antibiotic against staphylococci.

More than 90% of all staphylococci encountered in private practice are highly sensitive to 'Ilotycin'—more than to any other antibiotic.

More effective against streptococci than the tetracyclines.

'Ilotycin' is bactericidal. The great majority of throat cultures become negative within twenty-four hours. Thus, the possibility of complications is minimized.

Fully as effective against pneumococci as any other antibiotic.

In pneumococcus pneumonia, fever and acute symptoms subside within forty-eight hours. The pneumococcus-killing action of 'Ilotycin' is especially desirable in elderly patients and in debilitated states.

Safe and well tolerated.

Staphylococcus enteritis and avitaminosis have not been encountered.

Dosage: 200 to 500 mg. q. 6 h.

Children, 5 mg. per pound of body weight q. 6 h.

Available in tablets, pediatric suspensions, drops, and I.V. ampoules.

Eli Lilly and Company . Indianapolis 6, Indiana, U.S.A.



PARTNERSHIP TAX LAWS

Or suppose he's given a certain amount for "goodwill." Here the wording of the partnership agreement becomes of prime importance: If the agreement so provides, goodwill payments may be considered capital gains. If not, the withdrawing partner must treat such sums as ordinary income.

Of course, if goodwill money is considered as a capital-interest payment, the partnership may not legally deduct it as a business expense. It's deductible as such *only* if considered ordinary income to the retiring doctor.

So settle beforehand who's to get the tax break whenever one of the partners withdraws—the man who leaves, or the men who stay behind.

Besides the regulations I've discussed, the most significant new rules are those that deal with the timing and duration of a partnership tax year. One change that could mean a considerable saving in taxes for some doctors: The withdrawal of a partner no longer necessarily terminates the partnership's tax year for the remaining members.

For a full understanding of this involved subject—and of all other partnership provisions of the tax code—you'll do well to consult a competent tax adviser. The details are too complicated, the solutions too variable, for further comment here.



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hasten convalescence with

Stress Formula Vitamins Lederle

Patients who suffer unusual physiologic stress need proper vitamin supplementation to hasten their convalescence. STRESSCAPS (based on the formula suggested by the National Research Council) provide the necessary vitamins in a dry-filled capsule for rapid and complete absorption. Average dose: in convalescence-1 capsule daily; in severe conditions-2 capsules daily.

Each capsule contains: Thiamine Mononitrate (B₁)... Riboflavin (B2)..... 10 mg. Niacinamide..... 100 mg. Ascorbic Acid (C)..... 300 mg. Pyridoxine HCl (B₆)...... 2 mg. Vitamin B₁₂..... 4 mcgm. Calcium Pantothenate..... 20 mg. Vitamin K (Menadione) 2 mg.

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MEDICAL ECONOMICS · DECEMBER 1955 169

What's Wrong With Health Insurance Today

By A. J. Hayes

It discourages preventive care, it draws people into hospitals unnecessarily, it has too many separate price tags, says this labor leader. Here's how he thinks doctors and insurance leaders can solve these pressing problems

• There's no longer any doubt about the necessity for some means of insuring against the cost of hospitalization today. But historically speaking, didn't we put the cart before the horse by starting out with hospitalization insurance?

Hospitalization is not really health insurance at all. Rather, it's insurance against one of the high costs of neglected health.

This same wrong-way approach marks most of the socalled health insurance plans available today. Very few of them provide the medical services essential to good health. Instead, nearly all of them stress protection against the costs of ill health. It seems to me that this demonstrates a negative attitude toward health insurance.

Let me cite, as an example, the advertising program of the Blue Cross plan in Washington, D.C.—Group Hospitalization, Inc. As we listen to the radio, we hear that one out of every three families in Washington will need hospitalization this year for one of its members. There-

or :

per

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MR. HAYES is international president of the International Association of Machinists. This article is drawn from portions of his speech before the 1955 convention of the American Hospital Association.

Latest data on effectiveness of Furadantin[®]

brand of nitrofurantoin. Faton

in urinary tract infections

Investigators:

Flippin, H. F., and Eisenberg, G. M.: Antimicrobial Therapy in Medical Practice, Philadelphia, F. A. Davis Co., 1955, p. 40.



Findings:

Clinical studies demonstrate rapid response in cystitis and pyelonephritis, including refractory infections.

Trafton, H. M., et al.: New England J. Med. 252: 383, 1955.



13 acute cases: 6 appeared cured, 6 markedly improved, no relapses.

36 chronic cases: 30 symptomatic improvement, often in 24 hours.

Beutner, E. H., et al.: Antibiotics Annual, 1954-1955, New York Medical Encyclopedia, Inc., 1955, p. 988.



Furadantin eradicated 29 strains (62%) of 47 isolated from 30 chronic infections.

Hasen, H. B., and Moore, T. D.: J.A.M.A. **155**: 1470, 1954.



Acute infections: 95.7% of patients benefited. Chronic infections and organic or obstructive lesions: 82% benefited.

Dosage: Average adult—four 100 mg. tablets daily, 1 tablet with each meal and 1 with food or milk on retiring.

Furadantin tablets, 50 and 100 mg., bottles of 25 and 100. Furadantin Oral Suspension (5 mg. per cc.), bottle of 4 fl.oz. (118 cc.).



THE NITROFURANS-A UNIQUE CLASS OF ANTIMICROBIALS 8, NI PRODUCTS OF EATON RESEARCH

MEDICAL ECONOMICS · DECEMBER 1955 171

WHAT'S WRONG WITH HEALTH INSURANCE

fore, we're warned, we'd better enroll now in Group Hospitalization.

Granted the truth of these appalling figures, shouldn't we ask ourselves this question:

How many of those who'll need hospitalization could have been kept out of hospitals by preventive medicine, or by early diagnosis and treatment?

That's the kind of question we've been avoiding all along in our cartbefore-the-horse approach to health insurance. It's high time, I believe, that we stopped emphasizing insurance against the high cost of neglected health. Instead, we should be devoting ourselves to the development of insurance that will give people greater access to the kind of health care that prevents illness, or that nips it in the bud.

This approach to the problem is logical; it's economical; and it's practical.

The results of our present piecemeal system are costly and sometimes ludicrous. Mind you, I have the greatest admiration for Blue Cross and Blue Shield. But when Blue Shield benefits are limited to medical and surgical services performed in hospitals, the results can be both ridiculous and wasteful.

Consider the letter to the editor that appeared some time ago in one of our Washington newspapers:

A perplexed subscriber to Blue

in the depressed patient.

to restore cheerfulness, confidence and optimism:

Dexamyl* Spansule*

No. 1 & No. 2

Smith, Kline & French | Laboratories, Philadelphia

*T.M. Reg. U.S. Pat. Off. †T.M. Reg. U.S. Pat. Off. for sustained release capsules, S.K.F. Patent Applied For.



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NOW-EFFECTIVE STEROID HORMONE THERAPY OF RHEUMATIC AFFECTIONS WITH GREATER SAFETY AND ECONOMY

PABALATE-HIC

Pabalate with Hydrocortisone

Clinical evidence indicates that, in Pabalate-HC, the synergistic antirheumatoid effects of hydrocortisone, Robins

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salicylate, para-aminobenzoate, and ascorbic acid achieve satisfactory remission of symptoms in up to 85% of cases studied

- -with a much higher degree of safety
- -even when therapy is maintained for long periods
- -at significant economy for the patient

Each tablet of Pabalate-HC contains 2.5 mg. of hydrocortisone – 50% more potent than cortisone, yet not more toxic.

FORMULA

In each tablet

Mydrecartison olicahol

Patassium solitylahr

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Patassium solitylahr

0.3 Gm.

Assahir acid

005AGE Two sollers four times daily.

Additional information on request

A. H. ROBINS CO., INC. RICHMOND 20, VIRGINIA Ethical Pharmaceuticals of Merit since 1878



Geriatric Vitamin-Mineral-Protein Supplement Lederle

For the patient on a high-protein diet, GEVRAL PROTEIN is an excellent supplement. In addition to 60% protein, it supplies 26 vitamins and minerals in a dry powder that can be added to many beverages and foods. Here are some suggested recipes:

simple drinks Blend 1 heaping thap. GEVRAL PROTEIN with small amount of milk or orange juice; make smooth paste; stir in additional milk or juice to make 8 oz. For chocolate milk, prepare milk drink, then add 1-2 thap, chocolate syrup. For hot cocoa, add 1 heaping thep. GEVRAL PROTEIN to instant cocoa powder in cup; add small amount of hot water, make smooth paste; stir in enough water to fill cup.

special drinks Vanilla Milk, 4 hosping thep, GEVRAL PROTEIN, 1 pint cool water, 1 cupful skim milk, 1 thep, sugar, ½ tsp. vanilla. Mix with rotary beater. Serve hot or cold. Makes 4 servings.

Chocolate Malted Milk. 1 heaping thep. GEVRAL-PROTEIN, 1 thep. chocolate malt powder, 1 tep. sugar, 1 glass whole milk. Mix with rotary beater. Makes 1 serving.

Egg Nog. 4 heaping thep. GEVRAL PROTEIN, 3 cupe cool water, 1 thep. sugar, 2 well beaten eggs, ½ tsp. vanills. Mix with rotary beater. Makes 4-5 servings.

other foods Soups. Place 1 heaping thep. GEVRAL PROTEIN in saucepan. From % cup of water, take enough to make smooth paste. Stir in remaining water, then % can of cream of mushroom, chicken, asparagus, or celery soup.

Cereals. One heaping tosp. GEVRAL PROTEIN can be mixed with ½ cup hot cereal during or after cooking. Add sugar, milk, or cream to taste.

LEDERLE LABORATORIES DIVISION

AMERICAN Gunamid COMPLAY
Peatl River, New York



HEALTH INSURANCE

Cross-Blue Shield wrote that his son had broken his arm in an accident. The mother had rushed the boy to the office of the family doctor, about three miles away, and the physician had set the arm. Then, because the arm hadn't been set in a hospital, the family's application for Blue Shield benefits had been denied.

Why, asked the bewildered father, should it be required that the service be performed in a hospital—with the nearest hospital fifteen miles away—when the job could be done satisfactorily in the doctor's office?

I can find no logical answer to that question. And I can see no sense in requiring hospitals, already overtaxed with work, to make space and facilities available for medical services that can be performed just as well in the patient's home or the physician's office.

Quibbling Over Costs

Then, too, I'm baffled by another thing about health insurance. I know of no other field of insurance in which so many price tags appear.

For example, I have collision insurance on my car. Of course, it has a \$50 deductible clause. But nowhere in the policy do I find anything that says the company will pay so much for a crumpled fender, so much for a sprung door, so much for a broken windshield. If the car is in a collision, I take it to a repair shop and have the damage repaired at the expense of the insurance com-

PROTAMINE (SHERMAN)

published studies* show:

Improvement is "almost immediate," with "good to excellent results" in four out of five patients, and no postherpetic neuralgia in any patient who responded favorably.

Protamide is a sterile colloidal solution prepared from animal gastric mucosa . . . denatured to eliminate protein reaction . . . completely safe and virtually painless by intramuscular injection.

Clinical data on request.

use PROTAMIDE first

in herpes zoster and post-infection neuritis

SHERMAN LABORATORIES

**Combes, F. C. & Canizares, O.: New York St. J. Med. 52:706, 1952; Marsh, W. C.: U. S. Armed Forces M. J. 1:1045, 1950.

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WHAT'S WRONG WITH HEALTH INSURANCE

pany (except for the first \$50, which I pay).

When it comes to the human body, the insurance companies go around hanging price tags on arms and legs and eyes. They, fix the allowable prices for such services as removing ailing tonsils or appendixes and setting broken limbs.

Many union-negotiated health plans are underwritten on an indemnity basis. And their experience has been that the indemnity principle often plays a large part in raising the cost of medical care.

In case after case, the union has negotiated higher benefits, in an attempt to relieve covered employes of additional medical costs. Soon after, the whole level of medical charges has risen. So the workers are no better off than they were before.

Now, this phenomenon may be logical in the light of the workers' ability to pay. It's true, in a way, that the insurance benefits constitute an additional resource to the patient. But the ultimate result is that health insurance is converted into a benefit plan for physicians.

Still another grave weakness of the fragmentized approach to health insurance is this:

The country now has a variety of group plans, most of them tied to employment for a specific employer, or to residence in a specific community, or to both. Such plans are not

Select the level of protection the baby needs

DECA-VI-SOL



Nutritionally Significant Vitamin

Deca-Vi-Sol is highly stable . . . refrigeration not required . . . potency assured . . . readily accepted . . . exceptionally pleasant flavor . . . no unpleasant aftertaste . . . full dosage assured . . . can be dropped directly into the baby's mouth.

For older children specify Mulcin, the good-tasting, orange-flavored vitamin liquid for teaspoon dosage.

All are supplied in 15 cc., 30 cc. and economical 50 cc. bottles with the new Mead calibrated unbreakable plastic 'Safti-Dropper.' It will not break even if the baby bites it.

XUM

Each

well suited to the tremendous geographical shifts in population and industrial shifts in labor force that have marked the past sixteen years.

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This problem is bound to become even more serious. For such factors as decentralization, automation, and atomic energy seem to promise continuing shifts in the population and in the labor force.

Private Solutions Possible

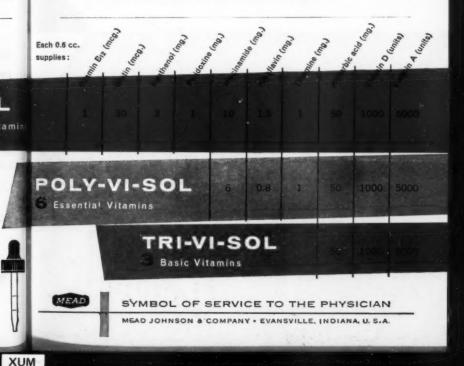
All such problems can be solved. Comprehensive health services can be furnished both economically and efficiently to the American worker. The only question from the national viewpoint is: How?

We of labor believe that the an-

swer rests with the medical and related professions, and with the insurance people.

Perhaps they will succeed in developing voluntary, nonprofit plans like Blue Cross, and in obtaining government assistance in order to meet the health needs of the aged, the unemployed, the indigent, and the chronically ill. If so, good results may well be achieved through privately operated systems.

If, on the other hand, segments of the medical profession and the insurance world persist in profiting from the ill health of American workers, then we must—and we will—turn to some system of national health insurance.





DESTROVS

This blood agar plate shows a strain of beta hemolytic enterococus. Note extreme sensitivity of this organism

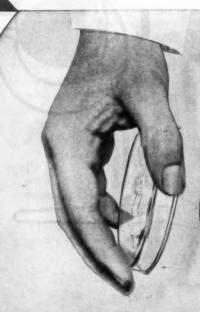
to ERYTHROCIN—yet it easily resists the other antibiotics. Additional dots: A study I involving 202 enterocacia strains showed sensitivity to enythromycin in 99.4% of alpha hemolytic strains and 94.3% of beta hemolytic strains.

specific against coccic infections

Now, you can prescribe specific therapy against staph, strep- or pneumococci, by simply writing Filmtab Errythraconn Stearate. Since this coccic group causes most bacterial respiratory infections (and since these organisms are the very ones most sensitive to Errythracon) doesn't it make good sense to prescribe Filmtab Errythracon use the infection is coccic?



Erythrocing Erythonia Abbett





SPARES

INTESTINAL FLORA

ERYTHROCIN and the same intestinal strain of E. coli. Note lin do not affect this gram-negative that ERYTHROCIN and penicilantibiotics against a typical This sensitivity test shows organism-although the other

with little risk side effects of serious

panying low incidence of side effects. Also, ERYTHROCIN therapy. Filmtab ERYTHROCIN STEARATE (100 and 250 mg.) is Clothes supplied in bottles of 25 and 100. gram-negative organisms, it is less likely reactions sometimes seen with penicillin. to alter intestinal flora-with an accomyour patients seldom get the allergic Since ERYTHROCIN is inactive against Or loss of accessory vitamins during



Erythrocin

● Filmtab—Film sealed tablets; patent applied for

* Chemo., 3:1026-1028, Oct., 1953. 1. Eisenberg, et al., Anti

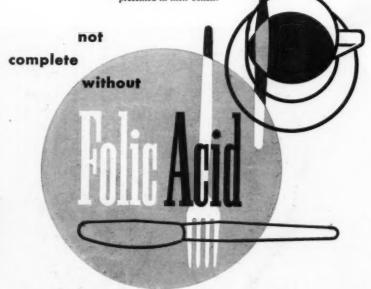
antibiotics show marked inhibitory action.



The human diet is deficient unless it contains adequate amounts of Folic Acid. This B-complex vitamin is essential to the formation of not only red blood cells but all body cells, and is, therefore, a factor in normal growth.

Like other vitamins, Folic Acid is present in many foods, but not in abundance. Individual diets may be particularly lacking in it. To restore proper nutritional balance in such cases, dietary supplementation is often indicated.

When you prescribe multivitamins choose a complete product—one containing adequate amounts of Folic Acid. Most leading pharmaceutical manufacturers offer preparations of this kind. This message is presented in their behalf.



'Family Doctor' Between Hard Covers

Dr. Chase died nearly 75 years ago. But his remarkable 'Receipt Book and Household Physician' lives on in many a rural household, still introducing country people to the considerable joys of do-it-yourself doctoring

By Catherine Cunningham

• Being sick just isn't fun any more. If you're ill enough to go to the hospital, somebody young and starched may slap a No Visitors sign on your door. If you have merely picked up a germ, some miracle drug has you back on your feet and making your living in time to pay for the miracle by the first of the month.

Grandma and Grandpa are about the only ones left who remember the richly introspective joys of an old-fashioned Sick Spell. They had the neighbors to call. They had the anxiously prepared gruels and potions to drink. And they enjoyed a doctor who took a lifelong interest in them for what you might call just about the cost of an initial visit.

This man did his doctoring by remote control. He was a Friend of the Family, equally concerned about the slugs in Mama's roses and the pain in Papa's back. He was equally knowledgeable about borax as a cure for dandruff and Liniment, Oils, and Other Cures for Sweeney, which anybody knows is a shrinkage of the muscles over the shoulder blades of a horse.

He was bearded and beloved. He was Dr. Chase. Dr. Chase, between the covers of a book, is still rest-



'FAMILY DOCTOR'

ing in a lot of attics today. In the antimacassar period, he was medical mentor of many a small town. He was, as he modestly put it, "a household word and a welcome visitor in every home."

If there were more Bibles found on parlor tables of that era than volumes of Dr. Chase, it was for an excellent reason: Dr. Chase was kept in the kitchen, ready for instant consultation on household and barnyard problems, as well as human ills.

I fell heir to Dr. Chase's "Third, Last and Complete Receipt Book and Household Physician" by way of my grandmother. To put it bluntly, there is no underestimating what Dr. Chase did for Grandma.

Traveling Man's Visit

Grandma had been "delicate" for the first 70 years of her life. She suffered bravely and somewhat vocally until a traveling agent introduced her to Dr. Chase's 865page book. After that, her health improved wonderfully.

She rose from her bed and began busily to prepare Liquid Physic for Weakly Women, Tonics and Infusions, and Mrs. Chase's Magic Tonic Bitters for Weak and Debilitated Females. As these "receipts" called freely for slippery elm bark,

Two earlier books by Dr. Alvin Wood Chase were apparently just warm-ups for his major effort. The first was entitled "Dr. Chase's Receipts, or Information for Everybody." The second was entitled "Dr. Chase's Family Physician, Bee Keeper and Second Receipt Book."

repered in The Interests Of The Profession By The Pediatrics Consultant Staff Of H. J. Heinz Company

BULLETIN

EXAMINATION OF BLOODY SPINAL FLUID

LUMBAR PUNCTURE in infants and children can be carried out skillfully by most physicians. However, examination of the spinal fluid obtained, though simple, is often inadequately or wrongly done, especially when turned over to technicians with little experience. Although a bloody tap is frequently encountered, particularly in struggling children, valuable information may still be obtained. Often a significant elevation of white cells can be de-

tected even in a grossly bloody fluid by counting the total cells before and after destruction of the red cells by glacial acetic acid. This should be routine, and no bloody fluid should be discarded as worthless unless it is all blood and clots in the collecting tube.

The rough relationship between red cells and white cells, obtained from a traumatized blood vessel, would be about one white cell per 500 red cells. Any gross deviation from this may indicate a significantly pathological increase in the number of white cells, which may be of great importance.

NOTE: These bulletins are designed to help disseminate modern pediatrics knowledge to the general medical profession and appear periodically in Medical Economics.





OVER 60 KINDS-Including New Heinz Strained and Junior Meats





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for his "Dr. Every-Thase's Second the able antibiotic



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184 MEDICAL ECONOMICS DECEMBER 1957

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GROMYCIN

Tetracycline LEDERLE

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ACHROMYCIN with STRESS FORMULA VITAMINS

dependable action

Rapid diffusion and penetration, prompt control of infection, negligible side effects. Proved against Gram-positive and Gram-negative bacteria, rickettsia, and certain viruses and protozoa.

reliable quality

Made in Lederle's own laboratories under exacting quality controls, and distributed only under the Lederle label.

available in "most-used" forms

You can choose the *right* losage form to suit the patient's needs and comfort, and your convenience.

Newest ACHROMYCIN dosage form! Exclusive dry-filled, sealed capsules!

Stress formula suggested by the National Research Council. ACHROMYCIN SF provides potent anti-infective action, plus nutritional supplementation to hasten recovery. Particularly useful in prolonged illness. More effective because powder-filled, soft gelatin capsules are rapidly and completely absorbed. No oils, no paste... tamperproof!

Capsules of 250 mg.

Also available: ACHROMYCIN SF Oral Suspension, 125 mg. per teaspoonful (5 cc.)



#RES. U.S. PAT. OFF.

MEDICAL ECONOMICS · DECEMBER 1955 185

ER, NEW 1

poplar root bark, bugle weed, and dandelion, Grandma was soon walking miles each day to find her ingredients. Her complexion became so embarrassingly rosy that she was finally forced to stir up Dr. Chase's Face Wash—a preparation of chalk, cologne, alcohol, and water, guaranteed to restore skin to a ladylike pallor.

Grandma's state of mind improved right along with her body. All she had to do was open the covers of Dr. Chase for a quick egolifting. No longer was she just a puny woman, faced with the insults of those who said, "There's nothing really the matter with you." She became instead that most important personage, The Patient!

She Wasn't Frustrated

Grandma, The Patient, was not limited to the frustations of a definite diagnosis. Grandma would read—leisurely and lovingly—a full thirty-two pages of alphabetized symptoms. Skipping exclusively male or childhood complaints, Grandma could claim her own diagnosis at will and choose from 244 pages of "Medical Receipts" or remedies.

Dr. Chase hit a rough average of eight remedies per disease. If Grandma tired of all eight, she could always change her diagnosis.

Faced with Dr. Chase's richness of diagnoses and treatments—and the occasional alcoholic content of some of the remedies—Grandma became alert, interested, and mentally chipper. As folks put it, "she just seemed to take new interest."

When Grandma died at a lingering 85, my parents inherited the big red book, called in the doctor's purple-prose preface his "Crowning Life Work."

My father, then managing the family farm, was also a pharmacist. He couldn't consult Dr. Chase publicly without loss of professional dignity. And at first even my mother approached Dr. Chase tentatively. She confined her consultations with him to such subjects as the Preventive and Cure of Hog Cholera; Green Lice on Plants, How to Destroy; and the Receipt for Piccalilli, A Good Substitute for Sauces.

She continued to reserve her loyalty until the night I was born. The local physician had been called; but his Model T stuck in a snowdrift, and he himself nearly froze to death. So I was born with the help of a neighbor and Dr. Chase's Section on Midwifery, pages 278 to 301.

Rx: Leeches

My whole family still feels an indulgent nostalgia for the doctor and his book. Our affection may be warm because we were all naturally healthy anyway. We thereby escaped Dr. Chase's sterner remedies and lived through his milder ones. If I ever had Inflammation of the Stomach as a child, I had the good sense not to mention it. That way,

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f the good way, or the chronic fatigue patient-Triple Protection with Donnatal Plus

Protection from emotional stress - by the mild sedation afforded by the phenobarbital in Donnatal Plus . . . minimizing cerebral hyperactivity and emotional overstimulation of parasympathetic centers.

Protection from parasympathetic hyperactivity - by the anticholinersic action of the belladonn all a loids in Donnatal Plus ... relaxing gastro-intestinal spasticity and helping eliminate vagal overstimulation of pancreatic islet tissue as a ca of hyperinsulinium and relative hypoglycemia.

Protection from B vitamin deficiencies

- by the high content of B complex factors in Donnatal Plus . . . helping to correct deficiencies which may contribute to impaired digestive physiology and abnormal carbohydrate metabolism.

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| Hyoscyamine sulfate | 0.1037 | Mg. |
|--------------------------|--------|-----|
| Atropine sulfate | 0.0194 | mg. |
| Hyoscine hydrobromide | 0.0085 | me. |
| Phenobarbital (1/2 gr.) | 16.2 | mg. |
| Chiamine | 3.0 | mg. |
| Riboflevin | 2.0 | mg. |
| Nicotinamide | 10.0 | 200 |
| Pantothenic acid | | me. |
| Puridovine hadrochloride | 0.5 | - |

DONNATAL PLUS Retains



'FAMILY DOCTOR'

I avoided treatment consisting of "leeches held over the stomach if there be much tenderness."

Leeches were also to be held behind the ears if "head symptoms come in Scarlatina." Once, with Dr. Chase's help, I was diagnosed as having Scarlatina, possibly with "head symptoms." But our brook (which did hold leeches) was frozen solid at the time. So I recovered on a nice combination of Brisk Purgatives and Cold Affusions.

Long before the Federal Government controlled the sale of drugs, other youngsters were given not only leeching but opium, laudanum, and chloral hydrate as soothing measures. I escaped those—but not the treatment for childhood's croup, whooping cough, and "spring listlessness of the blood." For these Dr. Chase gave his unqualified approval to the Onion Cure.

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"A lady who speaks from experience," wrote Dr. Chase, "says that probably nine out of ten children who die of croup might be saved by the timely application of roasted onions . . . and a small quantity of goose oil, sweet oil, or even lard."

The Onion Cure

Onions, according to the hundreds of doctors, patients, and housewives whose "cures" Dr. Chase quoted, "have been known to leave consumptives plump and

FOR A GOOD NIGHT'S SLEEP WITHOUT BARBITURATE HANGOVER

For hypnosis: 2-grain capsules / For daytime sedation: 1-grain capsules



throa

Tetrazets'

broader attack to overcome minor throat irritations

MAJOR ADVANTAGES: Combines 3 antibiotics to fight both gram-positive and gramnegative bacteria. Benzocaine included for soothing effect. Little danger of sensitization.



'TETRAZETS' quickly relieve minor mouth and throat irritations

It's new-a single troche containing 3 potent antibiotics (bacitracin, tyrothricin, neomycin) to combat afebrile oral infections.

'Tetrazets' offer you the ideal topical treatment of minor irritations of the oral cavity.

In deep-seated infections, such as Vincent's infection, tonsillitis and streptococcus sore throat, 'Tetrazets' may be used as an adjuvant to parenteral antibiotics.

Before and after tonsillectomies, 'TETRAZETS' belp combat secondary invaders.

Supplied: In vials of 12. Each 'TETRAZETS' troche contains 50 units of zinc bacitracin, 1 mg. tyrothricin, 5 mg. neomycin sulfate with 5 mg. benzocaine.



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'FAMILY DOCTOR'

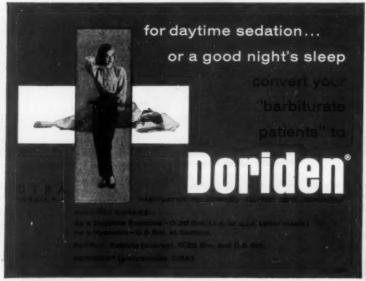
rosy." The same humble vegetable would "cure dyspepsia . . . is a thorough worm medicine for children . . . and is, for those troubled with sleeplessness from literary labor or other disturbances of the nervous system . . a Simple Remedy but Successful with Many."

George Washington prevented colds by eating onions at night, says Dr. Chase. (Whether Martha had a cold at that time is a question too indelicate to pursue.) With a nice pride in Early Americana, the doctor points out that "this receipt was given in 1781—one hundred and three years before this writing."

"This," snorted my father, "is entirely unscientific!" And then, cutting himself another slice of white Bermuda: "I merely happen to like an onion sandwich at bedtime."

Whether Dr. Chase wrote of onion cures or the receipt for Blackberry Balsam, he backed up his remedies with testimonials, often signed with impressive names. Let us not be carping enough to point out that these names were not always followed by an "M.D." There should be enough satisfaction in treating one's dyspepsia with Voltaire's Own Cure—by taking no other nourishment than the yolks of eggs beaten up with flour-of-potatoes and water.

My favorite among the doctor's testimonial givers is one L. D. Rob-



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me

He came to have an ankle taped-

treat his acne too

When a teen-ager comes to you to have a sprain taped—or for any other reason—treat that acne, too. He may be too self-conscious to ask your advice, but his acne demands your skilled supervision. Under your guidance, he can be spared the scarring of skin and psyche which so often follows improper self-medication or no medication at all.

Remember 'Acnomel' when you treat acne. 'Acnomel'—resorcinol, sulfur, and hexachlorophene, in a special grease-free vehicle—brings rapid improvement in acne, often in a few days. Moreover, 'Acnomel' quickly lifts your patient's morale: its flesh-tinted base masks unsightly acne lesions and is virtually invisible when applied.

ACNOMEL* CREAM

(Also available: 'Acnomel' Cake)

Smith, Kline & French Laboratories, Philadelphia 1

*T.M. Reg. U.S. Pat. Off.

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alnere in Volther eggs and or's inson of Jackson, Mich., a man of unbounded optimism and a canny eye for profit. Mr. Robinson was the "original author" of Peckham's Genuine Balsam, a concoction of rosin and spirits of turpentine.

Thousand-Dollar Brew

Mr. Robinson, who "says he has made and sold thousands of dollars worth of it," allowed the mixture to be taken internally or used as a liniment. Used one way or the other, said Mr. Robinson, it had (1) cured a wounded mare, (2) helped a lady who had had several miscarriages, and (3) restored to health a gentleman who had recently buried a wife with consumption and who had considered himself past help with the same disease.

The lady, it was noted happily, now has a healthy child. The gentleman, in an entirely separate enterprise, is now living in health and contentment with a second wife. No late report was given from the mare; perhaps she was just a poor correspondent.

Whether Dr. Chase himself was a deliberate quack or simply an incredibly naive gentleman is a question that, in spite of the Onion Cure, keeps me awake nights.

According to his book, he attended lectures at the medical department of Ohio State University and was graduated from Cincinnati's Eclectic Institute. All this was achieved in one year. But in 1858 medical status was often attained

quickly and, despite Semmelweis' discoveries, "miasma" was still held a cause of puerperal fever. Perhaps, like the child who put the baby chicks through the clothes-wringer, Dr. Chase "didn't mean any harm."

And certainly Dr. Chase was, to quote Grandma, "nice and folksy." He knew young folks had "the pernicious habit of lingering late at the gate." He warned in a friendly fashion that this was "the most fruitful seed from which colds and consumption arise."

He knew how to make a body sick abed more comfortable—by placing the head to the north, the better to influence the electrical currents within. He cosily let us in on the translation of learned Latin terms and on the health, housekeeping, and beauty secrets of himself and Mrs. Chase.

No Moths on Her

And without a doubt, Dr. Chase made his patients comfortable. Letting them choose their own "cures" accomplished that.

Take Aunt Ella. She broke out with spots and sniffles back when Grandma was still alive. Grandma simply slipped out into the kitchen. She took up Dr. Chase, opened to Moths in Carpets, To Destroy Without Taking Up, and turned over to the thirty-two pages of symptoms that seemed to fit Aunt Ella:

"Page 23 . . . refer to pages 218, 219, 220, 221, and 222." [MORE▶

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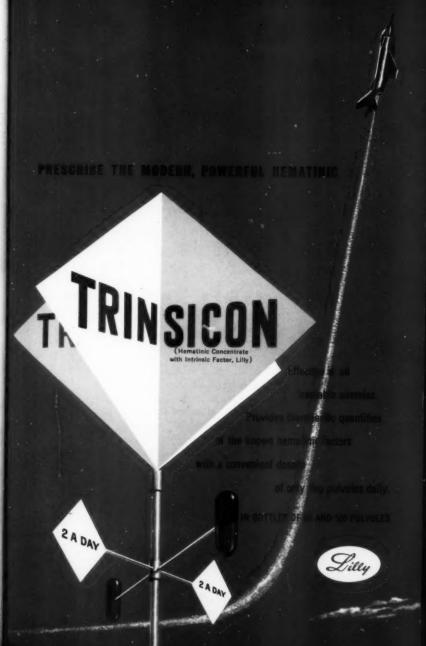
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Aunt





to quell useless nagging cough

SYRUP

HISTADYL E.C.

(THENYLPYRAMINE COMPOUND E.C., LILLY

A pleasantly flavored antitussive that effectively controls uncomplicated, nonproductive, hacking cough, 'Histadyl E.C.' combines (per teaspoonful):



An Antihistaminic: Thenylpyramine Fumarate (13.5 mg.)

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An Expectorant: Ammonium Chloride (1 2/5 grs.)

A Bronchodilator: Ephedrine Hydrochloride (1/12 gr.)

O Federal record of sale required.

Eli Lilly and Company, Indianapolis 6, Indiana, U.S.A.



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Ch

Aunt Ella, in her dramatically darkened bedroom, knew that help had come as the pages rustled reassuringly.

"Dr. Chase says you have the measles," Grandma decreed.

Aunt Ella's repeated symptoms pointed to the common cold and an easily irritated skin. But how Aunt Ella enjoyed her illness! She skipped the small doses of powder of rhubarb, japal, or scammony, or the larger doses of slippery elm infusion. She decided against a Compound Tincture of Virginia Snake Root in favor of Warm Whiskey Slings.

Even at the turn of the century, the choice must have been obvious! Dr. Chase, like the horsehair sofa, is no longer in the parlor. With his going, it's safe to say the shades in many a darkened bedroom have gone up. It's just not fun being sick these days.

Nobody can run to the drugstore any more for Chase-inspired doses of opium or his other major "remedies." But for the thoughtful and sufficiently idle, there remain the introspective pleasures of self-diagnosis. And you can today, by way of compensation, get a really dramatic Oedipus complex or a fine brain tumor by careful selection of radio or TV programs.

So perhaps there's still hope, even without Dr. Chase.

THE "BILIOUS" TYPE Type

1 tablespoonful of CHOLOGESTIN or 3 TABLOGES-TIN tablets in cold

water after meals.

When a cranky patient complains of headaches, dizziness, constipation and loss of appetite, CHOLOGESTIN is indicated.

Your best Choleretic Cholagogues CHOLOGESTIN and TABLOGESTIN greatly increase the flow and secretion of bile, because they contain salicylated bile salts.

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BUTAZOLIDIN

relieves pain . improves function . resolves inflammation

Employing the serum protein-polysaccharide ratio (PR) as an objective criterion of rheumatoid activity, it has again been shown that BUTAZOLIDIN "...produces more than a simple analgesic effect in rheumatoid arthritis."

Clinically, the potency of BUTAZOLIDIN is reflected in the finding that 57.6 per cent of patients with rheumatoid arthritis respond to the extent of "remission" or "major improvement."³

Long-term study has now shown that the failure rate with BUTAZOLIDIN in rheumatoid arthritis, and particularly in rheumatoid spondylitis, is significantly lower than with hormonal therapy.³

(1) Payne, R. W.; Shetlar, M. R.; Farr, C. H.; Hellbaum, A. A., and Ishmael, W. K.: J. Lab. & Clin. Med. 45:331, 1955. (2) Bunim, J. J.; Williams, R. R., and Black, R. L.: J. Chron. Dis. 1:168, 1955. (3) Holbrook, W. P.: M. Clin. North America 39:405, 1955.

BUTAZOLIDIN® (brand of phenylbutazone). Red coated tablets of 100 mg.

BUTAZOLIDIN being a potent therapevtic agent, physicians unfamiliar with its use are urged to send for literature before instituting therapy.

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Why I'm Against Federal Disability Benefits

By William G. H. Dobbs, M.D.

Is H.R. 7225 a stepping stone to Federal health insurance? 'It is—without a doubt,' says this doctor. Here is his estimate of what Federal disability benefits would really mean to the medical profession

• Some day soon after New Year's, representatives of at least 150 organizations will pile into the Finance Committee room of the U.S. Senate. They'll go there to talk about a bill known by number as H.R. 7225 and by name as the "Social Security Amendments of 1955." Some will proclaim its merits; others will fight it.

Let me say right off that I'm for the fighters. I believe H.R. 7225 is more dangerous to the medical profession than any piece of legislation to have come before Congress in the last five years.

Last summer, you may remember, the House passed the bill by a whopping margin (372 to 31). This was done without public hearings and with only limited debate. Then, before the Senate could act, Congress adjourned. That was when I decided to find out just what the measure was and what it could mean to physicians.

I read all I could about the bill. I talked with its supporters and its foes. I went to Chicago and discussed it with doctors and economists connected with the A.M.A. Here's what I learned:

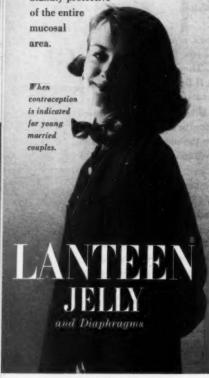
DR. DOBBS, a Torrington, Conn., radiologist, heads the public relations committee of the Connecticut State Medical Society.

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she looks for its delicate yet firm texture, cleanly scented clarity, and soothing, gentle lubrication,

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DISABILITY BENEFITS

As the Social Security Act now stands, permanently and totally disabled persons can't collect benefits from the Federal Government until they're 65 (the legal age for all Social Security retirement payments to begin). But the new bill would lower the age of eligibility for the disabled to 50.° Though there's much more to H.R. 7225, this is its most important and controversial feature from the medical point of view.

What's so controversial about it? Nothing, claim the bill's proponents. They say it's only logical that a crippled worker be able to collect benefits now, when he needs them, rather than ten or twenty years later. After all, they argue, he has paid for such benefits with his own taxes; and the most he could collect under the new provision would be \$108.50 a month.

It's all quite plausible at first glance. Yet note that the Administration itself hesitates to endorse the disability clause.

Why? For three reasons:

 The extent of a disability is often hard to determine—particularly if it's mental:

2. If the bill were to become law, many disabled workers might rather receive pensions than undergo the rehabilitation called for by law; and

 Administration officials want to see how well the present Federalstate rehabilitation program works before loading it with a whole new category of disabled persons. (H.R.

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The new bill would also extend the eligibility of disabled dependent children beyond age 18.

7225 directs the states to administer and operate the new disability program "under the Vocational Rehabilitation Act," using Federal funds.)

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These considerations alone are enough to give anyone pause. Yet there's a still stronger reason for objecting to the disability provision: H.R. 7225 may well pose an even greater threat to doctors than the compulsory health insurance program of former President Truman. It could achieve the Truman goal a lot more subtly. For example:

Cash benefits for the permanently disabled could easily become cash benefits for the temporarily disabled. And this, in turn, would almost inevitably lead to Federal control of medicine. Reason: In order to control benefits for the disabled, the Government would certainly have to control their treatment, too.

When I first heard this argument, I wondered if it wasn't based on an unwarranted assumption. After all, I thought, why take it for granted that benefits to the permanently disabled would be extended to the temporarily disabled? Then I read the Congressional Record—and saw the light.

Here's what the late Representative John D. Dingell (D., Mich.) had to say on the day the House passed H.R. 7225: "Temporarily disabled persons who are insured on the basis of recent employment should be eligible for cash benefits for upwards of twenty-six weeks in a year. Provisions should also be made for cushioning the cost of medical services during



minimizes discomfort improves posture



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FEDERAL DISABILITY BENEFITS

the period of temporary disability" (italics mine).

Added Representative Paul A. Fino (R., N.Y.): "I will support this bill, not because it goes far enough in humanizing... Social Security... but because it represents a step in the right direction" (italics mine).

As I read these statements, I saw why the bill would be an entering wedge. When I also learned that the disability program would help add another \$2 billion annually to Federal expenses, I began to wonder: How much longer could the self-employed physician hope to avoid compulsory Social Security taxes if such a program were adopted?

As I see it now, the medical pro-

fession could be turned topsy-turvy if H.R. 7225 were to become law. For, in addition to the dangers cited, the bill would have four direct and devastating effects on the way we practice medicine:

1. It would probably put tremendous pressure on doctors—particularly during economic recessions. For reasons of cost, the Government might want us to certify as few disabilities as possible. Patients, on the other hand, might expect us to stretch the truth for their sakes. So we'd be between two fires.

After all, how do you define "disability"? The new bill says the word means "inability to engage in any substantial gainful activity by rea-

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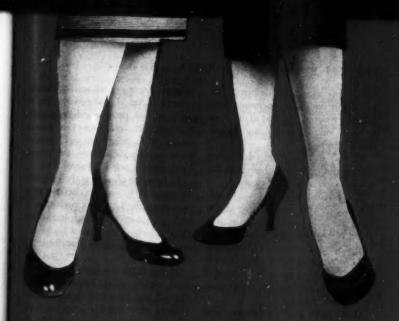
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FEDERAL DISABILITY BENEFITS

son of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration."

That's an adequate definition, maybe. But it wouldn't help with the many, many borderline cases.

2. The Government would inevitably decide how much to pay physicians for their services to the disabled. It would also establish the terms of employment. (Even existing law requires that Federally pensioned disabled persons be treated at rehabilitation centers, rather than in doctors' offices.)

3. It's quite possible that the Government would also control standards of treatment at rehabilitation centers. (Am I exaggerating? A study of our present rehabilitation and crippled children's programs shows that practicing physicians make no major policy decisions. They merely provide care.)

4. It seems clear that the eligibility age of 50 would soon be lowered. And once the bars dropped, they'd be bound to keep on dropping—until the disabled were offered Federally financed medical care from birth to death.

If you think my fears unjustified, read again what Representatives Dingell and Fino said. John Dingell is dead now, but his program isn't. The aim of his supporters is clearly

... Relieve upper respiratory symptoms and ... Prevent secondary infections with

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KENILWORTH, NEW JERSEY

revealed in Dingell's statement that the disability provisions of H. R. 7225 "should be reviewed with a view to reducing or eliminating the requirement that a totally and permanently disabled worker must be age 50 before being eligible for benefits."

Or read the proceedings of the 1952 meeting of the International Labor Organization. At that meeting, I.L.O. members, including the majority of U.S. delegates, voted for a social security program that would include permanent and total disability benefits—plus compulsory national health insurance.

It seems clear to me that the Social Security Amendments of 1955 are a giant step toward such insur-

ance. I intend to fight them by writing my Congressman and Senators—and by talking with them personally.

The Senate Finance Committee still has to review the House bill, and then perhaps draw up a new one. If the Senate passes a new bill, committees from both houses will have to iron out their differences. Then they'll need to write a final draft of the amendments and resubmit them to both the Senate and the House.

So there's still time to defeat H.R. 7225—or at least its most offensive provision.

Once more medicine's on the spot. But if we can demonstrate our convictions as we have in the past, we'll get off it successfully.

Side effects are "insignificant"

Duncan, G.G.: Am. College of Physicians, Sept. 1954.

Mio-Pressin* S.K.F.'s 3-way attack on HYPERTENSION

Rauwolfia, protoveratrine and Dibenzyline† in a carefully balanced combination that provides maximum antihypertensive effect with minimum side effects.

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by (1) direct
vasodilation, and
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Provides relief from aching,
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How We Can Lick The Malpractice Menace

By Louis J. Regan, M.D., LL.B.

Unless doctors take a more realistic view of malpractice, and unless they induce the public to do likewise, 'it's only a question of time before YOU will find yourself in court fighting a malpractice suit,' warns this authority

• Some months ago, a doctor approached me after a meeting in which I'd discussed the growing threat of malpractice. "I'm scared of all the hue and cry that people like you are raising," he said. "If you keep it up, the public is going to think a malpractice suit is one of the rights and privileges that go with visiting a doctor."

Within the next eleven months, that very physician found himself forced through the malpractice mill three times. In each case it's been shown that there was no negligence on his part. But today he assures me that there has been too little, rather than too much, discussion of the subject.

Whether we like it or not, a potential lawsuit is one of the rights that go with visiting a doctor. Men like the one I've just mentioned must be made to understand this and to appreciate that the problem gets worse in direct proportion to the doctors' inertia.

Does each doctor have to be faced with a suit of his

rm

DR. REGAN is the author of many medicolegal books, including "Doctor and Patient and the Law" (C. V. Mosby Co., St. Louis, 1949). He is also Clinical Professor of Forensic Medicine at the University of Southern California School of Medicine.

THE MALPRACTICE MENACE

own to see the light? Isn't the growing ugliness of the situation plain enough already?

If that sounds like hysteria, consider this harsh fact:

While professional liability insurance rates are constantly increasing, the insurance market for such coverage is steadily narrowing. Why? For the simple reason that the carriers have been losing money.

How great are their losses? Well, two companies that have written group coverage for a major state medical association recently reported a combined loss of about \$3 million in their fifteen-year relationship with the medical profession.

One of these companies stopped

writing medical malpractice coverage five years ago. Yet it still has a total of eighty-eight cases open; and it has established reserves of only \$319,000 to cover whatever judgments may be rendered.

No Ostriches Here

Unlike some insured doctors, the insurance companies don't hide their heads in the sand. They can't afford to ignore such basic facts as these:

Within the past decade, the incidence of malpractice claims has doubled. In a few places, the increase is as great as 350 per cent.

¶ The average cost per claim was only \$457 in 1937. It zoomed to \$1,-968 in 1954. [MORE ▶



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the totally new penicillin

for decisive oral dependability

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ARE THERE <u>NEW</u> USES FOR ANTIHEMOPHILIC PLASMA?

In a recent comprehensive survey of "Coagulation, Hemorrhage and Thrombosis" by Benjamin Alexander (N. Eng. J. Med. 252: 432-442, 484-494, 526-535 [March 17, 24, 31] 1955) the author states:

"At least six different batches of dried irradiated (Antihemophilic) plasma from Hyland Laboratories exhibited full antihemophilic potency. They also contained approximately 50% of normal prothrombin, accelerator globulin and serum prothrombin conversion accelerator."

Describing therapy of hemophilia, Alexander (ibid.) observes: "An Antihemophilic-factor level of approximately 10 to 20% of normal will assure normal clotting." As a footnote, he adds: "In general this is true of all the clotting components, reflecting the munificence of nature. It should be emphasized, however, that multiple defects, any of which may be mild of itself, are more than additive and may thus result in a clinical state. Therapy should therefore be aimed not only at correcting the specific deficiency but also at assuring that other hemostatic components are normal."

These observations suggest that whether a bleeding condition results from a lack of one or more than one clotting factor, Antihemophilic Plasma may be of real value in controlling hemorrhage.

The product's effectiveness is also suggested in private, informal reports we have received from physicians describing its successful use as a hemostatic in such varied conditions as non-specific rectal, oral and subcutaneous bleeding in newborn infants; intermittent or continued oozing and bleeding following childbirth; postoperative oozing and bleeding following prostatectomy and tonsillectomy; massive bleeding following gastric resection, and bleeding associated with ulcer perforation. Clinical studies are now in progress on varied uses of Antihemophilic Plasma. Hyland Laboratories welcomes your case reports of any such attempts to use this product to control persistent bleeding—whether successful or unsuccessful.

HYLAND ANTIHEMOPHILIC PLASMA (Dried, Irradiated) is fresh plasma, processed to a stable state within 4 to 6 hours after the blood is drawn. It is potent for one year under normal refrigeration. Supplied, together with diluent, in three sizes: 50 cc. with built-in filter for syringe administration, 100 cc. and 250 cc. with plasma administration set.



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THE MALPRACTICE MENACE

The handwriting is on the wall. Unless doctors take heed, it's only a question of time before *all* insurance carriers withdraw from the field of professional liability coverage.

Why haven't the profession's efforts toward combating the malpractice problem been effective? Mainly because those engaged in such efforts have lacked the necessary knowledge. For example:

The weakness of most medicalsociety-sponsored "defense committees" is their inability to make sound, objective medicolegal evaluations. Too often, the committee members are expected to have the Janus-like quality of wearing two faces: They're supposed to be able to see the case through the objective eyes of both physician and lawyer. Unfortunately, it's a rare physician or lawyer who has that faculty.

As a result, the defense committee frequently comes up with a finding that's based more on personalities than on the merits of the malpractice complaint.

Suppose Dr. X, a general practitioner, gives X-ray therapy to a patient with a chronic lesion on the right hand. And suppose the record shows that permanent disability results from severe burns. The record shows, too, that the doctor has had little prior experience with X-ray therapy; that he knows little about the machine he has used; and that

now available...the second

new Schering corticosteroid

METICO

"possesses an augmented therapeutic ratio"

over cortisone and hydrocortisone

METICORTELONE, brand of prednisolone (metacortandralone). *I.M.

the machine hasn't been checked since it was bought secondhand from the estate of a deceased physician.

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Despite the damning evidence, Dr. X's case gets a nothing-wronghere report from the defense committee. Is this surprising? After all, the doctor is a neighbor of one committee member, a fellow alumnus of another, and an associate hospital staff officer with another.

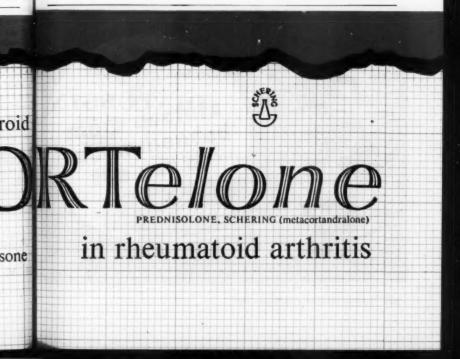
Even in the face of the grossest negligence, too many local medical societies have been content to put on blinders. It's true that most malpractice claims have no meritorious foundation; but it's also patently true that some patients do sustain injuries because of actual negligence.

In such cases, the medical profession must assume greater responsibility. Otherwise, it can't hope to escape the kind of criticism I've heard from some of my legal colleagues: "You M.D.s give the impression of wanting to whitewash every doctor."

"So all right," you may say. "That's enough horse-whipping. What do you suggest we do?"

To begin with, I recommend the pattern being established in Los Angeles. Here's what the doctors are doing there:

They've established a joint committee of lawyers and physicians. The committee, in turn, has set up a panel of expert witnesses. [MORE >



THE MALPRACTICE MENACE

By accepting listing on this panel, a physician agrees to accept employment by plaintiffs' attorneys in malpractice cases. When so employed, he examines the plaintiff, investigates the claim, and gives an impartial opinion on its merits. If necessary, he also offers testimony when the case comes to trial.

This cooperation between doctors and lawyers is clearly in the *public's* interest. Thus it helps take the onus off the medical profession.

As one attorney has told me: "This is the first concrete evidence I've seen that you doctors are willing to stop throwing a protective wall around your offenders. It shows that you're really interested in separating

the legitimate complaints from the illegitimate."

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In the long run, the only effective campaign against the malpractice menace depends on successful education of two parties: the doctor and his patient. Consider the patient's stake:

There are physicians today who are afraid to use certain proved, useful diagnostic procedures. Why? Because there's one chance in a thousand that the procedure might kill or seriously harm a patient—and that one chance has resulted in a disproportionate number of malpractice suits. Such a fear among physicians could result in a significant rise in the death rate.



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DIATUSSIN

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easy to give-easy to take

drop dosage

2 to 4 drops do the work of spoonfuls of syrup

Diatussin: 6-cc. bottle with dropper Diatussin Syrup: 4-cz., pint and gallon bottles

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The public ought to be made to understand this fact. It ought to be made to realize that unwarranted malpractice claims make doctors hesitate to use all the scientific advances at their disposal.

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In addition, the potential patient should be urged to choose his doctor in advance of actual need. When patient and doctor get to know each other, they develop confidence in each other. Where there's mutual trust, there's likely to be less malpractice, real or imagined.

Finally, the potential malpractice claimant must be shown that a groundless complaint will get him nowhere. If the incidence of malpractice suits is to be reduced, a strong defense is mandatory. When fraudulent plaintiffs fail to get favorable judgments, fraudulent actions are bound to fall off.

When to Settle

When a claim has merit, it should be settled out of court—preferably before a suit has been filed. But when the claim is unjustified, the doctor's prestige should never be compromised.

Now, what about educating the doctor? What can you do to guard against trouble in your own practice? First, you can shake off the assumption that malpractice is some other man's problem.

The average physician has a hard



THE MALPRACTICE MENACE

time believing that a patient—one for whom he's doing his best—will turn on him with a vengeance. So, not anticipating a suit, he fails to take some necessary precautions that would assure him of the best possible defense, just in case. This trusting attitude gets many an M.D. in trouble.

You're Next

Checklists are often a waste of time, because the person for whom they're designed thinks they couldn't possibly pertain to him. To relieve you of any such misconception, let me make a prophecy:

Unless the current trend is soon reversed, it's only a question of time before you-no matter how conscientious you are-will find yourself in court fighting a malpractice suit.

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If you want to prove that I'm a bad prophet, you'll do well to follow these dos and don'ts:

DO care for every patient with scrupulous attention to the requirements of good medical practice. Be sure to render sufficient care in the way of general instructions, frequency of visits, clinical and X-ray laboratory investigations, etc.

DO exercise tact, as well as professional ability, in handling a patient. If he isn't doing well, suggest consultation. If he or his family is dissatisfied or complaining, demand consultation.

 DO keep "ideal" medical records in every case—i.e., records that will stand up in court by clearly showing what was done and when it was done; by indicating that nothing essential was neglected; and by proving in writing that the given care met the standard demanded by law.

DO check the condition of your equipment often; and make use of every available safety installation.

DO arrive at an understanding about fees before undertaking treatment.

DON'T get in over your head by trying to treat conditions that are beyond your training and experience.

DON'T undertake surgery or an autopsy without getting prior writ-

ten consent from the parties concerned.

DON'T examine any female patient, except in actual emergency, without first insuring that a third person is present.

DON'T delegate to assistants and employes duties and responsibilities that would be more wisely restricted to yourself.

DON'T let yourself or your employes make any statement to the patient or a third party that could be construed as an admission of fault on your part.

DON'T leave town or your practice without first advising your patients and recommending, or making available, a qualified substitute.

END

higher blood levels maintained longer

penicillins, it has a unique chemical composition which assures stability in the periodic of seld. Therefore, there is no loss of potency due to stomach acidity. "Cillin' produces higher blood lawers and a longer duration of high concentrations. It is rapidly absorbed from the duodenum.

dosage: 125 or 250 mg. tl.d.

SUpplied: Attractive green-and-gray pulvules of 125 mg. (200,000 units), in bottles of 50.



What You Don't Know About Your Aide

By Frances L. Marold

Delving into her files, this management consultant comes up with a spate of true stories dramatizing the typical aide's unspoken need for better guidance from her doctor

 In my professional management work, I've discovered a number of interesting facts about the doctor's aide.
 Most important single fact: When she and her employer work well together, the doctor's practice invariably profits from it.

Yet in many offices I've seen, the two cannot be called an efficient team. The doctor is often too busy to search out the reasons for this. And if the aide knows, she often doesn't say.

Below you'll find real-life examples of bad management and good management in the doctor's office. One type or the other probably applies in *your* office. Which is it?

You can judge for yourself by reviewing seven basic facts about doctors' aides, as they've emerged from my studies:

 Your aide needs to know exactly which jobs are her responsibility.

One doctor I know complained about the "utter uselessness" of his new girl. "She leaves bandages for me to

MISS MAROLD is associated with Professional Management of Waterloo, lowa. This is the first of several articles by her on personnel problems in the doctor's office.

There can be "extra dividends" on an ECG investment

If you are considering purchase of an electrocardiograph, it may seem to you that all makes are "pretty much alike", since none can do more for you clinically than produce an electrocardiogram.

Looking at it from an investment point of view, you expect your instrument to pay you good dividends in the form of specific benefits to you and your patients. But, investments that pay extra dividends are the happy ones.

Here are a few that go with Viso-Cardiette ownership,

à

KNOWN dependability

Initial thinking in considering an ECG should reach beyond favorable first impressions to the instrument's potential continuity of service. There the best yardstick is to inquire among those of your colleagues or associates who own electrocardiographs. You will soon learn that the name "SANBORN" is symonymous with "dependability", which is an understandable result of over 30 years of specialization in the design and manufacture of this type of precision instrument.

EXCLUSIVE Service Helps

Every alternate month all Viso owners receive, free of charge, the Sanborn Technical Bulletin which contains much helpful data on operating procedure, maintenance, ideas and techniques developed by others, and the like — all prepared by an experienced staff. In addition, a five-part Sanborn Sarvice Course by cerespondence in available for technicians principally, who wish technical information as the boyond the preliminary instructions. No other ECG maker offers these "extra dividuals" in Service.

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DIRECT responsibility

There are many "eatra dividenda" in dealing directly with the maker of your ECG. The interest in and reaponsibility towards you as the user is with Sanborn Campany instead of an intermediate source. There is a standardisation of prices and the cost is the same to all. Also, the Viso user can avail himself of direct contact with the designers of his instrument, and his local serviceman is, more likely than not, a SANBORN man, full-time and factory-trained.

Ask for details of a 15-day, no-obligation clinical test plan.

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diette

ABOUT YOUR AIDE

remove, and she leaves preliminary histories for me to take," he told me. "She even forgets to make tests my former nurse did routinely. What am I paying her for, anyway?"

It turned out that the girl was just as disturbed as her boss. Her trouble: She didn't know what was expected of her, and she hesitated to bother the busy doctor by firing questions at him.

Doctor Did Everything

Her previous employer, she explained, had insisted on taking all histories and making all tests himself. She felt capable of doing such things. But would the doctor want to delegate so much to an untried

newcomer? Only her uncertainty made her seem inadequate—as the physician soon learned, when he took time out to brief her.

The Guided Tour

Says one of the most efficient aides I know: "There were never any gnawing uncertainties in this job. On my first day here, the doctor devoted a full hour to showing me around the office. As we went along, he explained what I was to do. He allowed time for me to make notes. From the very start, I knew exactly what I had to do."

Your aide needs a fair chance to ask questions and to make suggestions about office procedure. team tremactua why: a moo of o mont too u held:

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TARCORTIN

TARBONIS with HYDROCORTISONE

Dr. G and his two aides work as a team. The three of them handle a tremendous patient load, and they actually seem to enjoy it. One reason why: The doctor sets aside one hour a month for a round-robin discussion of office affairs. Throughout the month, as questions arise that aren't too urgent, they're jotted down and held for this trouble-shooting session.

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"Dr. G has never belittled any of the suggestions I've made," says one of the girls. "When he's opposed to anything, he explains why. Mostly, though, he isn't opposed to our ideas. We're all working toward the same end—saving each other time and effort.

"He often points out ways we girls

can improve our work. But he never makes us feel he's criticizing us. Our monthly get-togethers are informal business talks, not call-down sessions. Somehow they always make us want to do better the next month."

How's Her Equipment?

3. Your aide needs good equipment and good working conditions to be of maximum help to you.

Miss W often had to leave the office early because of blinding headaches. First, the doctor sent her to an oculist. Then he had her sinuses checked. Finally he gave her a thorough examination himself. The headaches continued, and the aide's work suffered because of them. [MORE]

REFRACTORY SUB-ACUTE AND CHRONIC DERMATOSES RESPOND TO TARCORTIN

SYNERGISTIC COMBINATION OF TARBONIS AND HYDROCORTISONE

EFFECTIVE WHERE OTHER THERAPY FAILED

WHAT IT IS: TARCORTIN is a synergistic combination of 0.5% hydrocortisone in Tarbonis (a greaseless, stainless, vanishing cream containing 5% of a special extract of coal tar).

WHAT IT DOES: TARCORTIN is effective in simple and refractory sub-acute and chronic dermatoses. The synergistic action brings better results with lower doses of hydrocortisone, and irritation is not encountered even in intertriginous areas.

WHAT IT IS FOR: TARCORTIN is indicated in the treatment of all sub-acute and chronic dermatoses - localized neurodermatitis, chronic eczema, hand eczema, seborrhea, atopiceczema, dermatitis venenata, nummular eczema, pruri-lus ani and vulvae, psoriasis, etc.

CLINICAL PROOF: 100 patients, suffering from sub-acute and chronic dermatoses, used TARCORTIN for an average of three weeks. The name of the product and its composition was unknown to the patients to rule out improvement on any psychological basis. 95% of the cases improved.

"In all cases . . . the combination provided prompt and marked relief. The results compared favorably with cases in which twice the amount of hydrocortisone was used without tar". I

AVAILABLE: TARCORTIN-1/4 ounce tubes

1-Literature available



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ABOUT YOUR AIDE

One day it occurred to the doctor that she needed better light at her desk. The desk was too small for a large lamp, so the doctor had a new fluorescent ceiling fixture installed. Miss W's headaches stopped almost immediately.

The fixture also spotlighted some other handicaps she'd been working under. Her tiny desk in the reception room made it difficult to do good work; and she had trouble keeping case records confidential as patients stood beside her. Her typewriter was battered, her straight chair uncomfortable.

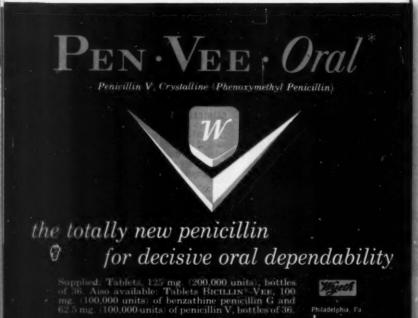
"Right away, that typewriter was turned in on the newest model," Miss W recalls, "Then we threw out the little desk and had a new one built into a counter, shielded from snoopers. Now, with my corner modernized, I get chores done that I never used to be able to start."

Woman at Heart

 Your aide needs a chance to use her housekeeping instincts.

In discouragement, Miss S confided her grievance this way: "I try hard to brighten up the office. After all, I spend eight hours a day there. I bring in flowers, and I like to work up little displays of seasonal decorations. The patients like them, too. But the doctor never seems to notice.

"I guess I'm a fanatic about having things look nice," she added. "So



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outgrow their clothes



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perk up their lagging appetites



here's a new way to help them



delicious melt-in-the-mouth flavor, too



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Each STIMAVITE Tastitab tontains:

 $\begin{array}{cccc} Vitamin & B_1 & \ldots & 10 \text{ mg.} \\ Vitamin & B_4 & \ldots & 3 \text{ mg.} \\ Vitamin & B_{12} & \ldots & 20 \text{ mg.} \\ Vitamin & C & (as Sodium \\ Ascorbate) & \ldots & 25 \text{ mg.} \\ L-lysine & \ldots & 15 \text{ mg.} \end{array}$

Desage: One tablet daily as a dietary supplement. The tablet may be swallowed whole, allowed to melt in the mouth, or can be dissolved in fluids.

Supplied: Bottles of 30 tablets. *Trademark



Chicago 11, Illinois

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ABOUT YOUR AIDE

I keep the reception room and the business office neat. But you should see the *doctor's* office! His desk and bookcases are cluttered with odds and ends. And he doesn't want anything moved. I can't even dust there."

Like Miss S's employer, most physicians are too busy to worry about appearances. But patients notice such things. Realizing this fact, another doctor I know has given his aide specific responsibility for dressing up the office.

"I send out blinds and drapes and rugs to be cleaned without bothering the doctor about them," she says proudly. "I draw on the petty cash account to replace inexpensive things like lamp shades, ash trays, or pictures. I itemize such expenditures for the doctor; but we don't waste his time discussing improvements unless they're likely to cost real money."

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Such housekeeping takes very little of her time. And she finds it an easy and relaxing duty. "Best of all," she explains, "it makes the office a pleasanter place for everybody."

The Doctor's Trouble

Your aide needs some support from you in handling the tasks you've delegated to her.

Dr. J asked one of our consultants to give his aide some advice about the appointment schedule. Too often

Break
It up
with

Pyribenzamine E

he was swamped with patients and had to remain in the office till long past dinnertime. Wasn't Miss A supposed to prevent that sort of thing?

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Watchful Waiting

The consultant decided to watch the aide at work through a whole afternoon. All went well until about 3:30, when an elderly woman dropped in without an appointment.

"Is this an emergency?" Miss A asked her.

"Well, no. Just my usual trouble."

"Then won't you let me make an appointment for you on Thursday or Friday? Dr. J has a full schedule today."

The old lady flared up. "You al-

ways tell me that, Miss A. But the doctor has never refused to see me before, and I'm sure he'll see me this time. I'll wait!" Defiantly, she sat down facing the examining rooms, watching for the doctor.

When he appeared, the woman jumped up and cried: "Doctor, your secretary won't let me see you today. I'm feeling so bad. You won't send me away, will you?"

He Ducked Out

The doctor stared unhappily from the woman to Miss A. Then he said, "I'll try to see you in a little while" and ducked into his office.

Miss A bent over her desk with a defeated expression. "I know he's

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Relievas Congestion

EPHEDRINE SULPHATE (10 mg, per 4 ml.)
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PYRIBENZAMINES citrate (tripolennamine citrate Eida)

EXPECTORIAL

With Ephedrine

ABOUT YOUR AIDE

just kindhearted," she lamented in a low tone, "but he might at least have checked with me. I would have told him there was no emergency. She's done this four or five times. Now she'll never bother to make an appointment. And neither will some of the other patients who heard her."

Contrast that incident with a similar one in another office:

Uninvited Guests

Miss T, the aide, sensed trouble when she saw a mother enter with her two sons, aged 3 and 7. There was an appointment for the mother only. After a cordial greeting, Miss T said: "You made the appointment for yourself without mentioning the

boys, Mrs. Blank. Do you plan to have them wait for you in the reception room?"

That was precisely what the woman had in mind. But the youngsters were already fidgeting; it was clear that they would soon become a nuisance to other waiting patients. So Miss T spoke up tactfully:

"I'll be glad to watch them for you this time, Mrs. Blank. But I worry when children are here without their parents, for fear I'll be called away and they might hurt themselves. So I'll appreciate it if you'll arrange for a baby sitter for them next time."

The mother sat quietly—except when jerking the boys back to their chairs—until the doctor was ready to



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see her. Then she stopped haughtily at the door of his office. "I hope it's all right with you, Doctor, for my children to wait for me here," she said. "Your secretary has been scolding me." And she repeated the aide's words, making them sound as disagreeable as possible.

But the doctor immediately backed up Miss T. "She was acting under my orders," he explained. "You see, she has instructions not to let anything interfere with her coming right in when I buzz for her. And she also has instructions not to let children wander around unsupervised. Just think of what might happen to them if they got into our supply of drugs or instruments."

He smiled and added: "For today we'll do the best we can. But you'll have to promise not to make me buzz for Miss T."

Mrs. Blank came off her high horse. And the aide—as well as listening patients—had renewed assurance that the doctor stood behind her decisions.

More Than Money

Your aide needs to know how you feel about her work.

A very capable girl told one of our consultants she was planning to quit her job because she believed the doctor considered her work unsatisfactory. "No matter how hard I try," she said, "I can't seem to please him."

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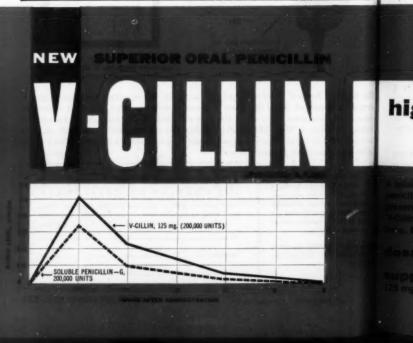
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The consultant was startled, since he knew the doctor thought highly of the girl. So he talked her into waiting a month. Then he urged the physician to express a little appreciation to the aide. The doctor took his advice—and the secretary changed her mind about resigning.

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In my business, we learn that a few words of encouragement often do as much for an employe's morale as a raise in salary.

Take Miss C, for example. She's an outstanding—and outstandingly loyal—doctor's aide. Here's what she says about this:

"I was green and nervous when I began here. It was my first job. But the doctor treated me with all the respect he would have shown a more experienced person. If I did anything badly while a patient was in the office, he covered up for me. Then, later, he would explain what had gone wrong and why. I appreciated his consideration so much that I resolved he'd never have to correct me for the same error twice.

"Once, when I was helping with bandages, he said to the patient: 'She has a gentle touch, hasn't she?' At that time, I guess, there wasn't much else he could praise. But he kept saying I had a knack with patients till the patients believed it. Naturally, I did everything I could to deserve such confidence. And I believe I do—now."

higher blood levels maintained longer

A locally different people line not a modification of pencilline-G. Unike all other pencillins, it has a unique chemical composition which assures stability in the presence of acid. Therefore, there is no loss of potency due to stamped acidity. "Mollin" produces digitar blood levels and a longer duration of high concentrations. It is repelly absorbed from the dupdenum.

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ABOUT YOUR AIDE

She recalls other evidence of the doctor's thoughtfulness: "I live pretty far out in the suburbs. So when we work overtime, I may not get home to dinner till 8 or 9 o'clock. Whenever we do stay in the office late, the doctor insists on having a snack sent in from the drugstore. Or sometimes he tells me to get dinner here in the city and put it on the expense account."

Your Wife Can Help

7. Your aide may need some recognition from your wife.

The attitude of a physician's wife is often taken to reflect her husband's private estimate of his aide. Then, too, your wife may find it easy to show appreciation in the kind of feminine way that is naturally beyond you.

Miss G, for instance, was "thrilled" when Dr. R's wife complimented her. Said Mrs. R:

"I realize that my husband is reticent about praising people, but I want you to know that we both appreciate the fine work you're doing. The doctor often tells me how helpful you are."

So Miss G learned that her efforts weren't being overlooked, though it wasn't in Dr. R's nature to comment on them.

Says another girl: "The doctor's wife always remembers to send me a gift on my birthday. Few things mean more to me than that little token of appreciation. I know it really comes from both of them." EN?

INTRANASAL INFECTIONS

SORE THROAT

Because it combines microcrystalline sulfathiazole and the outstanding vasoconstrictor, 'Paredrine' Hydrobromide, in a suspension, 'Paredrine'-Sulfathiazole is an ideal preparation for the treatment of intranasal infections and sore throat. Upon instillation, the Suspension is swept beneath the turbinates; it neutralizes bacteria in the sinus tract, and coats the pharynx and nasopharynx with a fine frosting of microscopic sulfathiazole crystals. This penetrating film remains for hours in intimate contact with inflamed mucosa, acting at the site of infection in both nose and throat.

PAREDRINE*-SULFATHIAZOLE SUSPENSION

vasoconstriction in minutes -- bacteriostasis for hours

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*T.M. Reg. U.S. Pat. Off. for hydroxyamphetamine hydrobromide, S.K.F.

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SEBORRHEIC DERMATITIS

Sites and Appearance of Lesions: Favored sites for seborrheic dermatitis are behind the ears (see illustration above), the external auditory canal, scalp, folds of the nose, the presternal and interscapular regions, the folds of the skin at the armpits, groin and intergluteal cleft. The lesions may show moderate erythems, and scaling which is usually yellow. They may be diffuse or patchy, chronic to subacute.

Treatment: 'Pragmatar' is almost invariably helpful in seborrheic dermatitis. Patients with mild seborrheic dermatitis should apply 'Pragmatar' once or twice weekly. In more severe cases, 'Pragmatar' should be applied once daily. Regular applications may be necessary to prevent recurrences.

PRAGMATAR*

Highly effective in a wide range of common skin disorders

- A superior tar-sulfur-salicylic acid ointment incorporating a unique oil-in-water emulsion base.
- —Wide margin of safety enhances the usefulness of 'Pragmatar' in patients of all ages.
- -Pleasant to use; non-staining; not unpleasantly greasy.

Smith, Kline & French Laboratories, Philadelphia 1

What's a Medical Expense? You'd Be Surprised!

By Charles Miller, M.D.

The Treasury Department's latest rulings on what's deductible and what isn't may make you laugh—because they're pretty funny. But they're also pretty sad

 When medical science goes through a bureaucratic wringer, the result is likely to make strong men shudder.
 Take, for example, some recent Treasury Department rulings on what constitutes a deductible medical expense.

The gems I'm about to discuss (with appropriate quotations) come from a single issue of the Internal Revenue Bulletin. Proper research would have required a survey of many more issues; but I fear I wouldn't have been able to stand the strain. What follows is enough, I think, to show you what I mean:

Suppose you prescribe special food for a patient. May he deduct its cost as a medical expense? In a triumph of logic, the Internal Revenue Service rules that he may do so only if the food "is in no way a part of [his] nutritional needs."

To be sure, if the food weren't nutritionally needed, you probably wouldn't prescribe it. But in the future, if you want your patient to save some tax money, you'd better prescribe only the special foods that he *doesn't* really need.

Explains the bulletin: "Where the special food or beverage is taken as a substitute for food or beverage normal-

The most successful antibiotic in the most appealing form

PENICILLIN

"...in the spectrum of infectious diseases responding to antibiotic therapy...71.8 per cent...are most successfully treated with penicillin. Only 7.4 per cent require the broad-spectrum antibiotics."

-Krantz, J. C .:

Pennsylvania M. J., 58:383 (April) 1955.

DRAMCILLIN

penicillin in the most appealing—oral—form.

All Dramcillin liquids are delicious. Dramcillin is potassium penicillin G—the ideal oral penicillin salt for high initial peaks and prolonged blood levels.

WE

Forms For Your Prescriptions:

DRAMCILLIN-250

250,000 units* per teaspoonful

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100,000 units* per teaspoonful

DROPCILLIN

50,000 units* per dropperful (0.75 cc.)

Also available as:

DRAMCILLIN with Triple Sulfonamides

DRAMCILLIN-250 with Triple Sulfonamides

DRAMCILLIN-300 Suspension 300,000 units* per teaspoonful (5 cc.)

Dramcillin®

*BUFFERED CRYSTALLINE POTASSIUM PENICILLIN G

WHITE LABORATORIES, INC., KENILWORTH, N. J.

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for your dyspeptic, geriatric, underweight, and gallbladder patients



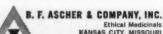
for improved nutritional status... clinical response

Lavered construction provides timed release of essential digestants when and where needed, for efficient utilization of proteins, carbohydrates, fats.

| Each CONVERTIN Tablet provides: | |
|---|----------|
| A sugar-coated outer layer of: | |
| Betaine Hydrochloride | 130.0 mg |
| Oleoresin Ginger | 1/600 gr |
| Surrounding an enteric-coated core | of: |
| Pancreatin (4 x U.S.P.) (Equiv. 250 mg.) | 62.5 mg |
| Desoxycholic Acid | 50.0 mg |
| | |

DOSAGE: Two tablets with or just after meals. Dose may be reduced at discretion of physician, usually after first week.

SUPPLIED: In bottles of 84 and 500 tablets. Available on prescription only.



Ethical Medicinals KANSAS CITY, MISSOURI

MEDICAL EXPENSE

ly consumed by a person and satisfies his nutritional requirements, the expense incurred is a personal [i.e., not medical] expense."

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Antiseptic diapers, necessitated by a baby's rash, aren't considered deductible items, either. And-since pregnancy obviously isn't a diseasethe cost of maternity clothes isn't deductible.

Whisky's O.K.

But whisky prescribed by a physician for the relief of anginal pain is a deductible expense. And you can also deduct for chiropractic adjustments.

Do you see the logic of it? If so, you'll have no trouble with this official ruling:

The cost of instruction in lip reading to a deaf child is, in general, a "medical" expense. But any fraction of such teaching that represents "ordinary instruction, which a child would require in any event," isn't deductible. Thus, if the instructor teaches meaningless material only, it's O.K. But if, by some blunder, his lips utter the useful words "Two and two make four," the taxpayer must presumably prorate his time.

Ironbound Ruling

Another ruling in similar vein: The cost of installing a special room to house an iron lung is not deductible. Here's how the Internal Revenue Service describes the case that led it to this conclusion (italics mine):

MEDICAL ECONOMICS · DECEMBER 1955

"To provide necessary care at home for a dependent stricken with polio, the taxpayer built a special... room... to accommodate an iron lung, rocking bed, extra chest respirator and other equipment... With respect to the cost of constructing a special room at a dwelling, even though primarily for medical purposes... such costs are held to constitute expenditures for permanent improvements... which increase the value of the property and do not qualify as medical expenses."

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Try and Find One!

That makes it dandy. When he wants to sell his "improved" dwelling, the taxpayer need merely find a buyer who'll pay extra for a custom-





SEPTISOL

with HEXACHLOROPHENE 0.75%

ANTISEPTIC LIQUID SOAP

Daily hand washing with SEPTISOL forms an invisible but protective film on the skin. For SEPTISOL contains the antiseptie agent, HEXACHLOROPHENE, which remains on the skin after the hands are rinsed and dried. This antiseptic film provides a continuous barrier to infection and disease transmission with complete skin safety.



MEDICAL ECONOMICS · DECEMBER 1955 229

WHAT'S A MEDICAL EXPENSE?

designed room equipped to take an iron lung.

The polio patient is given shorter shrift in still another ruling. One paralyzed taxpayer taxied to work every day, since he couldn't get there any other way. But this wasn't a deductible medical expense, said the Tax Court: "The expense of such transportation is a personal expense not deductible for Federal income tax purposes."

'Particular Disease'

The bulletin sums things up this way: "Amounts expended for the preservation of general health or for the alleviation of physical or mental discomfort which is unrelated to

some particular disease...are not [deductible] expenses for medical care."

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Wigs Don't Count

This distinction between "general health" and "particular disease" is worthy of Alice in Wonderland. It's the reason, I suppose, that wigs for alopecia aren't deductible. True, they relieve physical and mental discomfort. But they do this, the tax men maintain, for "general" health conditions, not for "particular disease."

Is constipation a "disease"? Don't ask me to answer the question now. As yet, to the best of my knowledge, the Service hasn't ruled on whether

In
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230 MEDICAL ECONOMICS DECEMBER 1955

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an enema is for the alleviation of "general" discomfort or for relief of a "particular" disease.

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It does say that a crutch is a deductible medical expense. But it recently denied a deduction for an "autoette"-a small three-wheeled vehicle-to a totally disabled, paraplegic veteran.

Just for Fun

The Service conceded that the veteran couldn't get around without it. But "irrespective of the taxpayer's physical condition, [this] does not represent an expense incurred primarily for the alleviation of a physical defect or illness."

I wonder what the Commissioner

thinks the contraption was bought

Playing polo?

But cheer up: Your patient can deduct for the cost of rubdowns in a health institute-if you prescribe such treatments. (If you don't, they're "held to be a personal expense, deduction for which is prohibited.")

So when the taxpayer gets a rubdown, there may be a deduction. But what about when the taxpayer gets a cleaning, a shakedown, or a plucking?

Perhaps the next Internal Revenue Bulletin will throw some light on this. I'll be looking for it. How about you?

spasm, acidity and pain

l Phenobarbital

tension and emotional strain

Supplied: Antrenyl-Phenobarbital Tablets (scored), each consining 5 mg. Antrenyl bromide and 15 mg. phenobarbital. ANTRENYL® bromide (oxyphenonium bromide CIBA)

100 million patient-day f

Since its introduction in 1952, BUTAZOLIDIN has been prescribed in a quantity more than adequate for 100 million patient-days of therapy. Thus, probably more than three million patients have been treated with this non-hormonal anti-arthritic agent.

Reflecting the wide interest in this important agent, Butazolidin has been the subject of more than 500 references in the medical literature. The consensus expressed in these reports provides convincing evidence that, properly employed, Butazolidin constitutes a most valuable addition to the therapeutic armamentarium.

In order to ensure optimal results with minimal risk of sidereaction, physicians unfamiliar with the use of BUTAZOLIDIN are urged to send for detailed literature before prescribing it.



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BUTAZOLIDIN°

(phenylbutazone GEIGY)

f anti-arthritic therapy

Proven Anti-Inflammatory Action. Recent studies by Ishmael's group¹ have demonstrated the favorable effect of BUTAZOLIDIN on the serum proteinpolysaccharide ratio in the rheumatoid arthritic patient, thus confirming in the human the antiinflammatory effect previously shown in animals.

Low Relapse Rate in Long-Term Therapy. Reports by Holbrook² have adequately demonstrated that in long-term therapy with BUTAZOLIDIN, relapse is significantly less frequent than with the hormones.

Effective in Low Dosage. In the lower dosage currently favored, therapeutic efficacy remains high but "toxic reactions have been reduced in number and severity...."

- 1. Payne, R. W., and others: J. Lab. & Clin. Med. 45:331, 1955.
- 2. Holbrook, W. P.: M. Clin. North America 39:405, 1955.
- 3. Toone, E. C., Jr.: Bull. Rheumat. Dis. 5:83, 1955.

BUTAZOLIDIN® (phenylbutazone GEIGY). Red coated tablets of 100 mg.

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The Texas Doctor: Fact vs. Fable

[CONTINUED FROM 145]

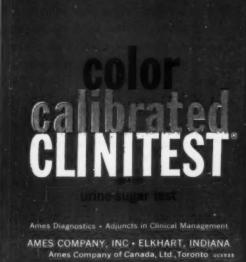
Houston doctors decided not long ago to pool their money and erect their own professional building. They started out by putting up \$300 each. Then they and others got carried away with the idea. Today, their Medical Towers Building is nearly completed—at a total cost of about \$4 million. It stands eighteen stories high and will have four floors just for parking.

Another ambitious project is the El Paso Medical Center. This consists of nine one-story cinderblock buildings, erected on the specially flattened top of a mountain overlooking the city. The \$1.4 million venture is a cooperative one among fifty-four physicians and dentists, who own all the stock in it.

The Texas Medical Association does things in an equally big way: Its new headquarters in Austin cost \$780,000, no less, and includes even a reading room paneled in top-grain cowhide.

In the face of Texas medicine's legendary individualism, perhaps the most surprising development is this: More than 40 per cent of the state's doctors surveyed by MEDICAL ECONOMICS are in some form of com-

clear-cut color changes in the clinically significant range



MEDICAL ECONOMICS - DECEMBER 1955

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gives you the x-ray apparatus you need with no initial capital investment

THIS is the way to bring your x-ray facilities up to date without knocking your budget out of kilter.

The G-E Maxiservice Rental Plan puts modern x-ray apparatus to work for you...lets you serve your patients more efficiently with equipment designed for the latest technics. Through periodic replacement feature, you can keep your installation always up to date...without "tradeins"... without obsolescence.

One monthly rental charge includes repair parts, tubes, maintenance and local property taxes. It can be budgeted as operating expense against income from your installation. Your capital is not tied up in apparatus.

Ask your G-E x-ray representative about the Maxiservice Rental Plan. Or write direct to X-Ray Department, General Electric Company, Milwaukee 1, Wis., for Pub. C-121

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MEDICAL ECONOMICS DECEMBER 1955 235

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a complete B complex formula derived from pure beef liver

Every B-complex factor, including B_{12} and Folic Acid, is contained in LEDERPLEX Liquid. This well-tolerated preparation is derived from pure beef liver, the best natural source of the B vitamins and those unidentified factors of nutritional importance. A natural orange flavor is added for palatability.

Dosage: As a dietary supplement, the usual dose of LEDERPLEX Liquid is 1 or 2 teaspoonfuls daily. For treatment, dosage should be increased and fortified with those specific vitamins found lacking.

Each teaspoonful (4 cc.) of LEDERPLEX Liquid contains:

Thiamine HCI (B₁) ... 2 mg.
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Niacinamide ... 10 mg.
Pyridoxine HCI (B₆) ... 0.2 mg.
Pantothenic Acid ... 2 mg.

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Soluble Liver Fraction... 470 mg.
Vitamin B₁₂... 5 micrograms

LEDERLE LABORATORIES DIVISION AMERICAN Cyanamid COMPANY Pearl River, New York



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bined practice. It's known that 180 medical groups and/or hospitals belong to the Private Clinics and Hospitals Association of Texas. And the association's president estimates that there are at least 100 other private groups that don't belong.

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The typical Texas group seems to consist of four or five doctors. (For example, the Magliolo Clinic of Dickinson has four physicians and a dentist—all of them Magliolos.) But the best-known group in the state—the Scott and White Clinic of Temple—lists sixty-two M.D.-members.

Medical groups flourish especially in the state's rural areas. They bring the benefits of medical-center care

d literature

to great stretches of sparsely populated territory. And it's generally good care, too. Says a leading Houston doctor: "If I went to the Scott and White Clinic and they told me I was going to die, I'd just die."

Wide Open Spaces

Besides being unusually concentrated, medical practice in Texas is also remarkably spread out. One surveyed doctor after another speaks of traveling as much as 150-250 miles for a consultation.

A Brownwood obstetrician regularly cares for pregnant women who live seventy-five miles away. "Naturally," he adds, "inductions of labor are a frequent necessity." [MORE >



ARNAR-STONE LABORATORIES, INC., MOUNT PROSPECT, ILLINOIS

MEDICAL ECONOMICS · DECEMBER 1955 23

THE TEXAS DOCTOR: FACT VS. FABLE

An Amarillo pediatrician says mothers bring babies to him from as far off as 200 miles. And a Kerrville G.P. remembers the time, a few years ago, when he had to make an eighty-two-mile round trip to give a patient a capsule: "He already had the capsule in his possession, but he wouldn't take it from anyone else."

Plus and Minus

There's more to Texas, of course, than size. Let's look at some other facets of Texas-style medical practice:

Where Texas medicine lags: In a speech to the state legislature a few years ago, Governor Allan Shivers gave this characterization of his state: "Texas, the proud Lone Star State—first in oil, forty-eighth in mental hospitals; first in cotton, worst in tuberculosis; first in raising goats, last in caring for its state wards."

The legislature responded with additional funds for public health. But Texas still trails most of the nation in caring for its mentally ill and for its sick poor.

With a population of around 8 million people, Texas has only fifteen hospitals devoted to mental illness (Ohio, slightly less populous, has twenty-eight). And in about three-quarters of the 254 counties in Texas, there's no legal provision for the hospitalization of the indigent.

MORE >

Complaints in elderly "Diminished in number"

Harris found that the effect of oral reserpine (Serpasil) was to diminish complaints typical of elderly people not in the best of health. The majority of 26 patients studied expressed a feeling of well-being and appeared calmer; there was also less difficulty in sleeping.

A convenient, geriatric dosage form-Serpasil Elixir-is now available.

Harris, R.: Ann. New York Acad. Sc. 59:95 (April 30) 1954.

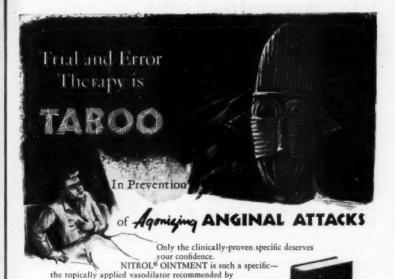
Supplied: Tablets, 0.1 mg., 0.25 mg. (scored), 1.0 mg. (scored), 2.0 mg. (scored), 4.0 mg. (scored). Elizir, 0.2 mg. per 4 ml.

PSYCHIATRIC USE ONLY: Elicir, 1.0 mg. per 4 ml.; Parenterel Solution, 2-ml. senpuls, 2.5 mg. per ml.

Serpasil

CIBA Summit, N. J.

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RECOGNIZE POWER OF

NITROL

renowned clinicians for effective control of angina pectoris.

In the authoritative "Principles of Internal Medicine" they state:

"Patients with frequent anginal attacks, and especially those with attacks during sleep, may be strikingly benefited by the use of nitroglycerin ointment (Nitrol®)..."The preventive effect usually lasts for a period of two to four hours. This is much more effective than the more widely used long-acting nitrites, and other drugs such as khellin, papaverine, and the various preparations of theophylline"...
"The virtue of nitroglycerin ointment consists in the slow absorption of the drug over a period of several hours, and hence in the prevention of attacks."

NITROL OINTMENT is also highly useful whenever peripheral circulation is impaired as in Raynaud's and Buerger's disease, arteriosclerotic lesions, decubitus, varicose and diabetic ulcers.

1. T. R. Harrison et al., Prin. Int. Med. Vol. 2, ed. 2. p. 1386. Bishiston Div., McGraw-Hill Book Co., Inc., 1854 Write for literature and samples

Elhical Pharm

NITROL OINTMENT contains 2% nitroglycerin in a lanolinpeurolatum base uniquely compounded to prolong the rare of nitroglycerin absorption over a period of approximately 4 hours. 2 inches of the ointment applied to the precordial or other skin area prevents the anticipated night seizure, relieves patient anxiety, encourages comfortable repose.

Supplied: 1-or. tubes.

NITROL tablets are available for daytime use.



KREMERS-URBAN COMPANY, MILWAUKEE I, WISCONSIN
Prescribe with Confidence

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THE TEXAS DOCTOR: FACT VS. FABLE

This situation once led Dr. Wayland R. Swanson, then head of the Private Clinics and Hospitals Association, to tell his fellow Texans: "While there is much to be heard [here] on states' rights, one must cup one's hand to the ear in order to hear the small voice of states' responsibility crying in a forest of oil, cotton, and cattle."

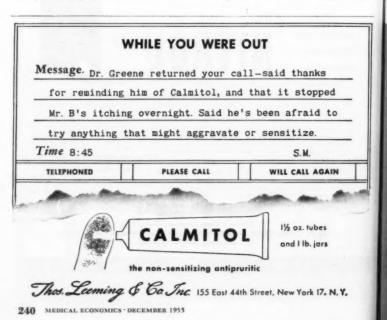
Where Texas medicine leads: A little more than a year ago, Texas reckoned its doctor-patient ratio at one to 821—compared with the national average of one to 730. But the influx of doctors is steadily improving the proportion.

Meanwhile, the state medical society is taking giant strides toward getting the best possible coverage of its more remote areas.

In 1954 alone, the placement service operated by the state society planted thirty-eight G.P.s in the rural soil and worked up a list of sixty others looking for suitable berths. "At the rate we're going," one Texan told this magazine, "we may wind up with too many rural-area family doctors."

Malpractice No Problem

Where Texas medicine has it easy: You might expect that malpractice suits in Texas, like everything else, would be bigger and better. Not so. The state's malpractice rates are among the lowest to be found west





ORAL PENICILLIN:

A CHALLENGE ANSWERED

PEN•VEE•Oral is a penicillin innovation. It is penicillin V—the remarkable new answer to the need for dependability in oral penicillin therapy.

Because Pen·Vee·Oral is acid-stable, it is almost entirely unaffected by gastric juices. Because it is completely soluble in alkaline media, it is readily and optimally absorbed in the duodenum. Provides certain, high blood levels, maximal effect from the administered dose, and a wide margin of toleration.

Supplied: Tablets, 125 mg. (200,000 units) each, bottles of 36.

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Penicillin V, Crystalline Phenoxymethyl Penicillin *Trudemark





Philippinia, P

THE TEXAS DOCTOR: FACT VS. FABLE

of the Mississippi—just \$38 a year for the nonsurgeon who carries basic \$5,000/\$15,000 limits. And the bulk of Texas doctors carry basic limits only, because lawsuits are so few.

Where Texas medicine has it rough: Of the twelve members of the Texas State Board of Medical Examiners, three are osteopaths. Almost 1,000 D.O.s are licensed to practice in the state; and they're at liberty to handle obstetrical cases and to do surgery.

What disturbs Texas medical men is that their patients don't distinguish between M.D.s and healers of other types. The relatively few chiropractors in the state enjoy almost equal status. In fact, one Denison internist tells of being summoned out on a house call and finding the patient undergoing a chiropractic adjustment.

"I waited until the chiropractor was through," he says. "Then he kindly turned the patient over to me and, for my information, diagnosed the complaint as liver trouble."

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So that's Texas medicine. While some of its practitioners may affect cowboy boots and tell tall stories, relatively few have Cadillacs in the garage or millions in the bank. Fewer and fewer are natives. But they like Texas and they mean to stay there.

It's not hard to see why. END

When you write...

Re Toclase Expectorant Compound 4 owners
Sig I teaspoonful 3 times daily

A Night With an Emergency-Call Service

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seventh call, at 12:01, she located a physician who agreed to go out. (I learned later, though, that after talking with the woman on the phone, he decided a house call wasn't really necessary.)

No sooner was this case out of the way than an anxious mother reported that her 3-year-old daughter had a temperature of 103. It was a Greenwich Village address; so, without bothering to go through the cards, the operator dialed the doctor

who'd said he was "in" for emergencies in the vicinity. He accepted the call immediately. (But a few minutes afterward, his wife phoned back to report that the mother of the child couldn't pay a private doctor's fee and would take her daughter to St. Vincent's Hospital.)

At 12:10 the phone rang again, this time to announce a possible appendicitis—severe pains in the right side of an elderly man. Dr. Moore, who by now had returned from the movies, took the call.

Just after 1 o'clock, Dr. Moore called the service back. The man's pains, it developed, had subsided by the time the doctor arrived. "So I've finished that case," Dr. Moore said.

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you get...specific control of the hyperactive cough reflex without undesirable opiate side effects

with new, non-narcotic, non-opiate

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OBRON—specifically formulated to meet the needs of the gravid and lactating patient—supplies iron and calcium plus eight other minerals and eight essential vitamins.

Prescribe this basic nutritional buildup for your OB patients. One to three capsules daily. In bottles of 100 soft, soluble capsules.

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| Ferrous Sulfate Dried U. S. P 44 mg. |
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| Riboflavin U. S. P 2 mg. |
| Pyridoxine Hydrochloride U.S.P 0.5 mg. |
| Ascorbic Acid |
| Niacinamide 20 mg. |
| Calcium Pantothenate 3 mg. |
| Cobalt (from Cobaltous Sulfate)0.033 mg. |
| Copper (from Cupric Sulfate) 0.33 mg. |
| todine (from Potassium Iodide) 0.05 mg. |
| Manganese |
| (from Manganous Sulfate) 0.33 mg. |
| Magnesium (from Magnesium Sulfate)1 mg. |
| Molybdenum |
| (from Sodium Molybdate)0.07 mg. |
| Potassium |
| (from Potassium Sulfate)1.7 mg. |
| Zinc (from Zinc Sulfate) 0.4 mg. |
| *Equivalent to 975 mg. Dicalcium |
| Phosphate Dihydrate. |
| |



Chicago 11, Illinois

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"And I was wondering if you've got anything else before I go to bed. I'll take it if it's in the neighborhood; I just don't want to go chasing all over."

He was told that everything was quiet at the moment, but that he'd be kept in mind.

By now, most of the operators had gone home, leaving a skeleton crew of two to handle the thirteen switchboards as well as the emergency service. The rush seemed over.

Then, at 1:50, the emergency phone broke the silence. The caller said she was new in town and knew no doctors. She'd developed a blister while out walking the day before, and she had just awakened with a painful throbbing in her leg. "I just know it's blood poisoning," she groaned.

After breaking the connection, the operator glanced through a list I hadn't noticed before. "These are the names of all known drug addicts," she explained. "They generally start phoning around this time of night."

She put aside the card. "Nobody by that name here. Not that it means much, because they're always thinking up new names and excuses, and we don't have all of them tagged. Anyway, it's not up to me to decide. The doctor will check before he makes the call."

This had taken only a few sec-



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She adds her fancy:

she looks for its delicate yet firm texture, cleanly scented clarity, and soothing, gentle lubrication,

to your prescription facts:

full coating, occludes as it covers vaginal walls; optimal spreading for maximum coital mixing; greatest spermicidal opportunity; blandly protective

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EMERGENCY-CALL SERVICE

onds. Now she dialed Dr. Harper who'd already made a call early in the evening. He answered right away and agreed to take the case. (I found out afterward that it turned out to be thoroughly legitimate, too—a case of thrombophlebitis.)

The next call, at 2:05, was from an elderly woman who'd had "terrific pains in the stomach" for several hours. Her son was a physician, she said; but he lived out on Long Island. She wanted somebody in the vicinity of Madison Avenue and Thirty-seventh Street. The first doctor contacted agreed to see the woman. (His subsequent report to the medical society diagnosed her complaint as a case of food poisoning.)

The Later, the Easier

By now I'd figured out an axiom for emergency-call operators. It went something like this: It's usually easier to contact a doctor after midnight than before, because by then he's likely to be in bed and within hearing distance of the telephone.

The soundness of the axiom was demonstrated at 3:25, when a woman on Riverside Drive phoned that she had severe back pains. She had tried to telephone her own doctor, but hadn't got an answer. Within five minutes, Doctors' Emergency Service had found a physician for her.

That turned out to be the last call handled by the night crew. At 7 o'clock, the day operators began to n

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invitation to asthma?

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relief in minutes... Tedral brings symptomatic relief in a matter of minutes. Breathing becomes easier as Tedral relaxes smooth muscle, reduces tissue edema, provides mild sedation. for 4 full hours... Tedral maintains more normal respiration for a sustained period—not just a momentary pause in the attack.

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248 MEDICAL ECONOMICS DECEMBER 1955

EMERGENCY-CALL SERVICE

report for duty. Their first emergency call didn't come in until almost 9:30. And by that time I—and, I suppose, Drs. Harper, Moore, and the rest—were getting some Sunday morning sleep.

No Catastrophes

All things considered, it had been a fairly quiet night for a Saturday-no fatalities, no stormy scenes, no hectic moments when three calls came in at once. I mentioned this fact a few days later to Robert Potter, executive secretary of the Medical Society of the County of New York.

Mr. Potter explained that Doctors'



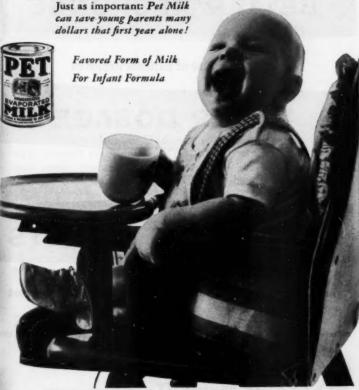
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Reference: Hughes, W. M., Dennis, E., and Moyer, J. H.: Am. J. M. Sc. 229:121 (Feb.) 1955.



SUMMIT, NEW JERSEY

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EMERGENCY-CALL SERVICE

Emergency Service specializes in such "routine" nights. In the five years of its existence, he said, rush calls have been handled with a minimum of fuss and with nothing bordering on catastrophe.

No doctor has ever reported being assaulted while out on a D.E.S. call. And though a few physicians have complained that they've had a hard time collecting fees, the collection ratio doesn't seem to be any lower for calls handled by the emergency service than it is for calls in general.

Only a handful of D.E.S. patients have ever complained of being over-charged. Most panel members, Mr. Potter believes, realize that exorbitant fees would quickly offset the emergency program's great public relations value.

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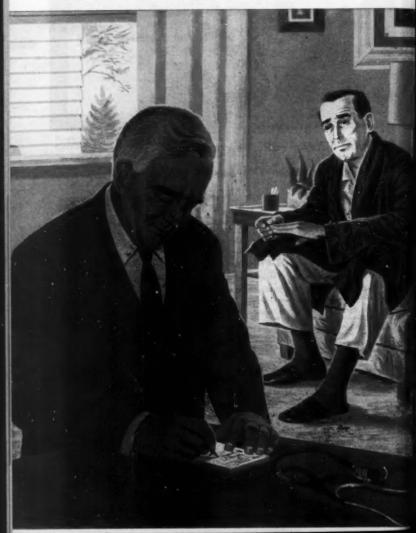
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"Cobalt appears to be a valuable drug

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"The marked increase in the early erythroid cells in the [children]...with anaemia of infection point to a direct stimulation of the erythroid tissue of the marrow as the main action of the cobalt."

"... [cobalt] will force the bone marrow to make more cells even when nephritis or chronic infection are the causes of the anemia."⁸

"There is no doubt that given in sufficient dosage . . . [cobalt] is effective in alleviating the anemia secondary to infection, cancer, and renal disease."

"In our hands, cobalt appeared to be a useful and valuable drug, well tolerated and devoid of undue toxicity."²

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Rencovite Tablets—red, enteric coated in bottles of 100. Roncovite-OB—red, capsule-shaped tablets in bottles of 100. Roncovite Drops—bottles of 15 cc. with calibrated dropper.

DOSAGE:

One tablet after each meal and at bedtime. Children, 1 year or over, 0.6 cc. (10 drops); infants less than 1 year, 0.3 cc. (5 drops) once daily diluted with water, milk or fruit juice.

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REFERENCES

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Weinsaft, P. P., and Bernstein, L. H. T.: Amer. J. Med.
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The Curious Case of the Springfield Clinic

[CONTINUED FROM 123]

"you want to consider branch practice unethical."

There seemed to be only one way to settle this broader issue. That was to force the A.M.A. Judicial Council to rule on the ethics of branch practice. So the committee recommended that the county society censure the clinic doctors for unethical practice in operating their branch offices—knowing that the clinic would appeal such a censure to the state society and eventually to the Judicial

Council. This appeal, it was hoped, would force the Judicial Council into making a definite decision.

The clinic men protested—but the recommendation went through. Members of the county society voted 53-3 for censure. And, as the committee had expected, the case was appealed through the state society to the Judicial Council.

But what hadn't been generally realized was this: When such an appeal is brought to either a state society or the Judicial Council, neither body can reopen the case to question the grounds on which the local doctors based their decision. The state society and the council are empowered only to decide whether

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BEPEERSCEN: 1. Simushurd, K. and Yard, R. A., Effective Antiferative Against in the Treatment of Congle to Childhood, Jameria-Canana, Yaddi, 16tor., 198A.* S. Com, L. J. and Fraderik, W., Companyitre Childel Effictions of Cough Medication, Amer. Prest. and Big. of Treat., Vol. 2, p. 844, Orlober, 1991.* "Against available upon conpensi-



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or not correct legal procedure was followed in the lower hearings.

So when, after many months, the Springfield problem was once again laid in the council's lap, there was little that could be done. The record showed that the clinic doctors had had their "day in court" before their local colleagues; the proceedings had been entirely legal according to county society by-laws. Upshot: The Judicial Council upheld the censure action.

Case Closed?

Thus the case was apparently closed. To get the censure lifted, the clinic doctors have now been compelled to drop their two remaining branch offices. But they're bitter about what happened. And they insist that future developments will vindicate them and their branchoffice idea.

This view isn't shared by the majority of the other doctors in the Springfield area. Dr. David Lewis, county society president, reflects their opinion when he says of the censure action: "We were concerned only with having our members conform to long-existing principles of medical ethics... I am quite sure the local society members have a pretty good idea of what constitutes questionable ethics."

And so the debate smolders on.

END

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— to help the geriatric patient with early or advanced signs of mental confusion attain a more optimistic outlook on life, to be more cooperative and alert, often with improvement in appetite and sleep pattern. Metrazol, a centrally acting stimulant, increases respiratory and circulatory efficiency without over-excitation or hypertensive effect.

Dose: 1½ to 3 grains, 1 or 2 teaspoonfuls Liquidum, or the tablets, every three or four hours.

Metrazol tablets, 11/2 grs. (100 mg.) each. Metrazol Liquidum, a wine-like flavored 15 per cent alcoholic elixir containing 100 mg. Metrazol and 1 mg. thiamine HCl per teaspoonful.

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News

[CONTINUED FROM 22]

tion of the general public). Among its encouraging revelations:

¶ Most people seem to sympathize with doctors who can't keep up with their appointments. Nearly 83 per cent of those queried believe physicians are justified in sometimes running behind schedule.

¶ Almost 77 per cent believe that doctors make night and Sunday calls whenever "humanly possible."

¶ Do doctors give patients all the time they need for diagnosis and treatment? And are patients usually told all they want to know about their illnesses? Better than 90 per cent answer yes to both questions.

On the darker side, over 54 per cent of those interviewed admit that they've changed physicians in recent years. Principal reasons given for dissatisfaction with the first man: "He wasn't thorough"... "I didn't like his medication"... "He wasn't a specialist"... "He charged too much."

What's more, 22 per cent of those polled claim to know of people who aren't getting necessary medical care because of the cost. (A frequent comment: "The average working person can't afford doctors' fees nowadays.")

Finally, a couple of misconceptions seem strikingly prevalent: Over

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Journal-Lancet, 73:414 (Oct.) 1953.

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 - Selling, L. S.: J.A.M.A. 157: 1594, 1955.
- Borrus, J. C.: J.A.M.A. 157: 1596, 1955.

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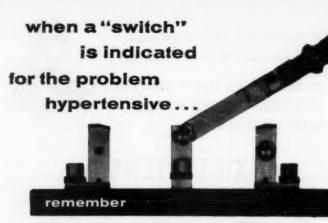
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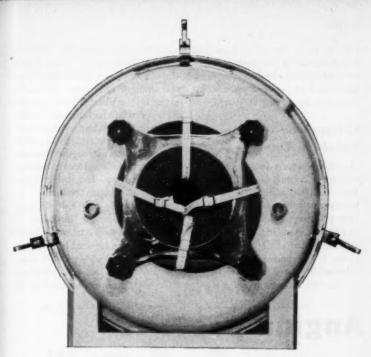
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Dosage: One tablet four times daily after meals and at bedtime.

Supplied: Bottles of 100, 500, and 1,000 coated tablets.

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half of those interviewed believe that doctors send patients to particular pharmacies to have prescriptions filled. And 34 per cent assume that the physician gets a kickback.

Chiropractic Testimony Upheld by Court

Is a chiropractor a qualified medical witness in a court of law? The answer—in Iowa, at least—is yes. The state's supreme court has ruled that "the practice of chiropractic is the practice of medicine, although in a restricted form." Thus, says the court, a chiropractor's testimony is admissible as medical evidence.

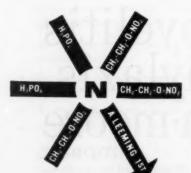
The new ruling capped a recent

suit for damages resulting from an automobile accident. After losing the suit in a lower court—largely on the strength of "expert" testimony given by the plaintiff's chiropractor—the defendant had appealed the decision on grounds that a chiropractor isn't competent to testify as to medical treatment. To strengthen his case, the defendant's attorneys pointed out that an Iowa law forbids chiropractors to practice medicine.

The supreme court's decision upholding chiropractic testimony on "medical" matters is naturally hailed as a great step forward by Iowa cultists—just as it's viewed with alarm by physicians. But the latter may take heart from an editorial in the

Angina pectoris





Most efficient of the new long-acting nitrates, METAMINE prevents angina attacks or greatly reduces their number and severity. Tolerance and methemoglobinemia have not been observed with METAMINE, nor have the common nitrate side effects such as headache or gastric irritation. Dose: 1 or 2 tablets after each meal and at bedtime. Also: METAMINE (2 mg.) with BUTABARBITAL (1/4 gr.), bottles of 50. THOS. LEEMING & CO., INC., 155 EAST 44TH STREET, NEW YORK 17, N.Y.

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Des Moines Tribune that attempts to clarify the ruling. Says the Tribune writer:

"The court plainly meant... that a chiropractor can testify only as a chiropractor. It... was obviously using the term 'medical' in its broadest sense—as meaning the entire field of the healing arts. There is no reason to believe that the court intended to broaden the practice of chiropractic beyond its present limits."

Bogus Doctor Performs Like an Expert

When ex-Navy Medical Corpsman Fred J. Biermann, 27, decided to get an M.D., he did it the easy way: First, he doctored up an old medical certificate that he found in a storeroom. Then he dreamed up false medical registry and prescription numbers for himself. Finally, he applied for a job with Dr. John T. McLaughlin's medical center in Culver City, Calif.—and got it.

That was last November. A few months later, when Dr. McLaughlin was informed that Biermann was a fraud, he could hardly believe it. For the bogus M.D. had apparently played his part to perfection. He had diagnosed, prescribed, and even assisted at operations to everyone's complete satisfaction, said McLaughlin. Not a single patient had ever made a complaint about

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How you can prevent attacks of angina pectoris

Three new studies have recently been added to the extensive investigation of Peritrate's effectiveness in preventing attacks of angina pectoris:

For some patients, state Rosenberg and Michelson, Peritrate "may mean the difference between complete, or almost complete, absence of symptoms, or a prolonged illness with much suffering." Am. J. M. Sc. 230:254 (Sept.) 1955.

"Impressive and sustained improvement" was also observed in a small number of patients treated by Kory et al. Am. Heart J. 50:308 (Aug.) 1955.

Among anginal prophylactic drugs evaluated by Russek's group "only this agent [Peritrate] appears worthy of the designa-

tion, 'long-acting coronary vasodilator.'"
Circulation 12:169 (Aug.) 1955.

By prescribing Peritrate on a continuous daily dosage schedule (10 or 20 mg. 4 times a day) you can diminish the number and severity of attacks . . . reduce nitroglycerin dependence . . . increase exercise tolerance . . . improve abnormal EKG findings.

Usual dosage: 10 to 20 mg. before meals and at bedtime.

Five convenient dosage forms: Peritrate 10 mg, and 20 mg.; Peritrate Delayed Action (10 mg) for extended protection at night; Peritrate with Phenobarbital (10 mg. with phenobarbital 15 mg.) where sedation is also required; Peritrate with Aminophylline (10 mg. with 100 mg. aminophylline) in cardiac and circulatory inadequacy.

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him, added the stunned medical center head.

Fred Biermann has now begun serving a one-year sentence in a Los Angeles prison. But Dr. McLaughlin is still flabbergasted. Says he: "That boy's a born physician. I hope he'll someday be able to get a legitimate medical education."

Survey Shows Doctors Prefer Brand Names

A nation-wide survey of 110,000 filled prescriptions indicates that the "vast majority" of doctors prescribe by brand rather than by generic names. The trend has become so strong, says Abbott Laboratories'

David D. Stiles, who directed the survey, that "prescriptions not requiring compounding run from 83 to 88 per cent in the East, and from 90 to 96 per cent in the West."

One illustration, according to Stiles: Doctors who used to write "buffered penicillin tablets" switched to writing "Pentids" by a six-to-one margin when that brand came on the market.

Other examples: "Achromycin" is prescribed fifty-four times as often as "tetracycline"; "Nembutal" is requested seventy-five times more frequently than "pentobarbital sodium"; and "Seconal" appears on prescriptions 665 times more frequently than "secobarbital sodium." END



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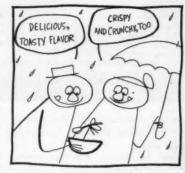
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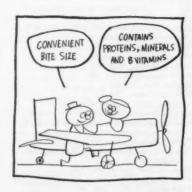
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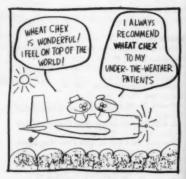
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Memo

FROM THE PUBLISHER

You've Got Problems

"What's troubling you?...What economic problem have you encountered recently that you'd like to read more about in our pages?"

These questions, together with a blank for answering them, formed the basis of a recent Memo. Your replies are now in. They cover almost all problems that could have been predicted—plus some that couldn't have been.

Among the problems of widest current interest seem to be these:

¶ Specialization for the middleaged G.P. "Have I any hope of getting a good residency at my age?" asks a 40-year-old Californian. "How much larger would my earnings be as a specialist?" a 42-year-old Midwesterner wonders. And a Virginian of 39 asks simply: "Am I too late?"

¶ The overheavy patient load. "I'm an industrial practitioner," says a Michigan man, "and I'm getting a bigger private practice than I can handle. I made the mistake of treating some relatives; now the whole neighborhood comes to me. How do I beg off—or at least keep new patients from coming?"

¶ The gaps in health insurance. "Many people forgo needed mental

help," writes a Connecticut physician, "solely because of the cost. Can't something be done to improve insurance coverage for psychiatric care?"

¶ An alternative to professional courtesy. One doctor, who dislikes getting or giving gifts instead of fees, asks: "What's holding back group Blue Shield for the profession?"

¶ Building a practice. "How does a young specialist get more referrals?" asks one man. "How can we ethically put our names before the public?" asks a second. And a third question implies a possible answer to the first two: "Which builds a practice faster: engaging in civic affairs, or in social functions?"

Finally, here's a sampling of the less common problems cited by occasional physicians:

"How can I tell good professional management advisers from poor ones?"... "How do I go about marketing a medical invention?"... "How much, if anything, should I charge for treating a chiropractor's family?"

Your responses have been extremely valuable to us. They've suggested new lines of research, touched off some special field trips, and stimulated fresh thinking on the part of our staff. Reports on many of the problems mentioned above will appear in early issues.

Meanwhile, you're invited to keep on troubling us with your troubles. That's what we're here for.

-LANSING CHAPMAN

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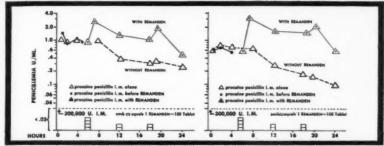
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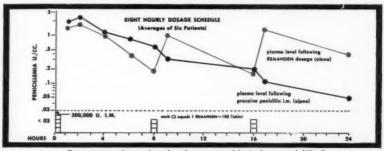
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References: 1. Scientific Exhibit, Norristown State Hospital: Data to be published. 2. Antibiotics and Chemotherapy 2:555, 1952. Supplied: Tablets: REMANDEN-100 and REMANDEN-250, providing 100,000 or 250,000 units of potassium penicillin G with 250 mg. of 'Benemid.' Also New Suspension REMANDEN-100 (in 60 cc. bottles)—one tsp. equals one REMANDEN-100 tablet.



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- No. 5: "Home Care of the Bedfast Patient."
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